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National Cholesterol Education Month — September 2005

High blood cholesterol is a modifiable risk factor for heart disease. To increase awareness of the importance of monitoring blood cholesterol and maintaining healthy levels, the National Cholesterol Education Program sponsors National Cholesterol Education Month each September.

Persons aged ≥20 years should have a complete fasting lipid profile (total cholesterol, low density lipoprotein cholesterol [LDL], high density lipoprotein cholesterol [HDL], and triglycerides) at least once every 5 years (*1*). LDL levels of <100 mg/dL are considered optimal (*1*). Atherogenesis is more likely to occur when LDL levels are borderline high (130–159 mg/dL), and risk for heart disease increases at levels that are ≥160 mg/dL. Total cholesterol should be below 200 mg/dL; total cholesterol of 200–239 mg/dL is borderline high, and total cholesterol exceeding 240 mg/dL is high. HDL cholesterol of <40 mg/dL is unfavorable (*1*).

Blood cholesterol can be reduced through lifestyle changes such as dietary improvement, physical activity, weight control, drug therapy, or a combination of these measures (*1*). Primary prevention should be targeted to persons with multiple risk factors (e.g., hypertension and family history of heart disease). During September, CDC-funded state heart-disease and stroke-prevention programs will work to increase awareness of high blood cholesterol and its relation to heart disease. Additional information is available at http://www.nhlbi.nih.gov/guidelines/cholesterol, http://www.american heart.org/cld, and http://www.cdc.gov/cvh.

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Trends in Cholesterol Screening and Awareness of High Blood Cholesterol — United States, 1991–2003

High blood cholesterol (HBC) (i.e., total cholesterol ≥240 mg/dL) is a major risk factor for heart disease, the leading cause of death in the United States (*1*). As a result, public health agencies and their partners have attempted to reduce the prevalence of HBC through screening and by increasing public awareness of HBC and strategies for reducing it. A national health objectives of *Healthy People 2010* is to increase to 80% the proportion of adults aged ≥20 years who have been screened for HBC within the preceding 5 years (*2*). For this report, data from the Behavioral Risk Factor Surveillance System (BRFSS) collected during 1991–2003 were analyzed to examine trends in the percentage of adults screened for HBC and the percentage of those screened who were told they had HBC. The findings indicated that both percentages increased during 1991–2003 but that few states had achieved the national health objective for screening. Further emphasis on cholesterol screening is needed, particularly among Hispanic and Asian/Pacific Islander populations and young adults.

BRFSS is a state-based, random-digit–dialed telephone surveillance system that samples the noninstitutionalized, U.S.

INSIDE

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civilian population aged ≥18 years. For this report, CDC analyzed BRFSS data from 1991, 1993, 1995, 1997, 1999, 2001, and 2003 for 1,027,793 persons aged ≥20 years. Response rates for BRFSS surveys ranged from 71.4% in 1993 to 51.1% in 2001 (*3*). Survey participants were asked whether they had ever had a blood cholesterol screening and, if so, how long it had been since their last screening. Those who reported having ever been screened were asked whether they had ever been told by a health-care professional that they had HBC. Data were weighted to account for age, race/ethnicity, and sex distributions of the population in each state. Statistical software was used to account for the complex sampling design. The results were age-standardized to the 2000 U.S. standard population (*4*). Percentage change was calculated as the 2003 prevalence minus the 1991 prevalence divided by the 1991 prevalence multiplied by 100.

During 1991–2003, the prevalence of cholesterol screening during the preceding 5 years and the percentage of persons screened who were told they had HBC increased overall and among all age, sex, and racial/ethnic groups (Table 1). The percentage of those screened within 5 years increased from 67.6% (95% confidence interval [CI] = 67.2–68.1) in 1991 to 73.1% (CI = 72.7–73.4) in 2003. Although the prevalence of cholesterol screening within 5 years was higher among women than men in all years represented, the percentage change in prevalence was smaller for women than men. In 2003, the prevalence of cholesterol screening was lowest among Hispanics (65.5%; CI = 64.1–67.0) and Asians/Pacific Islanders (69.6%; CI = 66.9–72.4). The largest percentage changes in prevalence of cholesterol screening were among American Indians/Alaska Natives and non-Hispanic blacks. The overall percentage of those screened who had been told they had HBC increased from 25.3% (CI = 24.7–25.8) in 1991 to 31.1% (CI = 30.7–31.5) in 2003. The percentage change among men told they had HBC was more than twice that among women. The percentage of those screened who were told they had HBC was higher in all racial/ethnic groups in 2003 than in 1991, with the greatest increase observed among Hispanics. Similarly, reporting of HBC increased among all age groups, with the largest percentage change in prevalence among those aged ≥65 years.

In 46 states and the District of Columbia (DC), the prevalence of screening increased from 1991 to 2003, with percentage change ranging from 0.3% in Iowa to 17.5% in Kentucky (Table 2). However, by 2003, only DC and Massachusetts had achieved the *Healthy People 2010* objective for cholesterol screening, with rates of 80.2% and 80.6%, respectively. The proportion of screened adults who had been told they had HBC increased in 44 states and DC, with increases ranging from 1.1% in Vermont to 47.5% in DC (Table 3).

TABLE 1. Percentage of persons aged ≥20 years reporting blood cholesterol screening during the preceding 5 years and percentage told by a health-care provider that they had high blood cholesterol (HBC),* by selected characteristics — Behavioral Risk Factor Surveillance System, United States,† 1991–2003

Characteristic	1991 %	1993 %	1995 %	1997 %	1999 %	2001 %	2003 %	1991–2003 % change§
Blood cholesterol screening during preceding 5 years								
Age group (yrs)								
20–44	54.3	56.4	56.3	56.2	56.4	60.2	59.8	10.1¶
45–64	79.0	79.8	79.6	80.0	81.0	84.0	84.9	7.5¶
≥65	82.5	82.5	82.2	83.9	85.2	88.0	89.3	8.2¶
Sex**								
Women	69.9	70.8	70.8	71.0	70.8	74.2	74.4	6.4¶
Men	65.2	66.6	65.8	66.3	67.8	71.3	71.8	10.1¶
Race/Ethnicity**								
White, non-Hispanic	69.0	70.0	69.6	69.7	70.3	73.9	74.2	7.5¶
Black, non-Hispanic	64.1	63.2	66.1	68.0	69.3	73.7	75.0	17.0¶
Hispanic	59.2	63.3	60.1	61.7	62.9	65.1	65.5	10.6¶
Asian/Pacific Islander	60.7	65.0	65.0	69.4	66.6	72.8	69.6	14.7¶
American Indian/Alaska Native	63.5	62.9	63.5	66.6	64.8	67.6	74.7	17.6¶
Total**	**67.6**	**68.7**	**68.3**	**68.6**	**69.2**	**72.7**	**73.1**	**8.1¶**
Ever told by health-care provider that they had HBC								
Age group (yrs)								
20–44	17.6	19.6	19.1	18.2	18.6	18.5	20.3	15.3¶
45–64	33.5	36.0	35.3	35.5	36.8	38.0	41.3	23.3¶
≥65	33.4	38.4	38.4	39.8	42.3	44.7	47.5	42.2¶
Sex**								
Women	25.4	28.1	27.3	27.3	27.6	27.0	29.4	15.7¶
Men	24.9	27.4	27.1	26.5	28.3	30.7	33.0	32.5¶
Race/Ethnicity**								
White, non-Hispanic	25.4	27.8	27.6	26.9	28.2	29.1	31.5	24.0¶
Black, non-Hispanic	24.0	27.8	25.7	25.6	26.8	27.3	28.9	20.4¶
Hispanic	23.4	28.8	26.3	29.6	27.0	27.7	29.9	27.8¶
Asian/Pacific Islander	28.4	29.2	28.8	26.9	32.2	29.7	29.2	2.8
American Indian/Alaska Native	26.3	30.6	21.5	23.9	31.6	30.5	31.2	18.6
Total**	**25.3**	**27.9**	**27.3**	**27.0**	**28.0**	**28.8**	**31.1**	**22.9¶**

* Among those who had ever had cholesterol screening.
† Includes 47 states with complete data from 1991 to 2003 (excludes District of Columbia, Kansas, Nevada, and Wyoming).
§ Percentage change = (2003 prevalence − 1991 prevalence) / (1991 prevalence) × 100.
¶ *t*-statistic comparing 1991 and 2003 is significant at $p<0.05$.
** Age-standardized to the 2000 U.S. population.

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Editorial Note: The findings in this report indicate that the overall percentage of adults who had had their cholesterol checked during the preceding 5 years increased during 1991–2003. However, in most states, increases in screening were moderate; by 2003, only DC and Massachusetts had achieved the *Healthy People 2010* objective of 80% screening prevalence. Among those persons who had ever undergone cholesterol screening, the percentage told that they had HBC also increased during 1991–2003. The largest increase in the prevalence of HBC screening occurred during 1999–2001 (5.1%), and in most states, the prevalence of screening continued to increase during 2001–2003.

The overall increase in cholesterol screening might have been attributable, in part, to 1) implementation of state heart-disease and stroke-prevention programs by CDC beginning in 1998 (*5*); 2) release, in 2000, of *Healthy People 2010*, with the objective to increase the proportion of adults who have had their blood cholesterol checked during the preceding 5 years (*2*); and 3) publication of the National Cholesterol Education Program Adult Treatment Panel (ATP) II (1993) and ATP III (2001) reports, which updated clinical guidelines for cholesterol testing and management (*6,7*). In addition, the large increase in prevalence of screening among American Indians/Alaska Natives might be the result of a campaign by the Indian Health Service to improve cholesterol screening, particularly among persons at high risk for cardiovascular disease, including those with diabetes (JM Galloway, MD, Indian Health Service, personal communication, 2004).

TABLE 2. Percentage* of adults aged ≥20 years who reported having had their blood cholesterol checked during the preceding 5 years, by state/area and year—Behavioral Risk Factor Surveillance System, United States, 1991–2003

State/Area	1991† %	1993§ %	1995¶ %	1997** %	1999†† %	2001§§ %	2003¶¶ %	1991–2003 % change***
Alabama	66.1	65.1	63.5	68.0	67.5	72.9	72.7	10.0†††
Alaska	63.3	66.6	65.4	64.6	65.4	68.9	67.4	6.5
Arizona	64.3	67.7	67.5	68.6	74.8	71.9	70.4	9.5†††
Arkansas	60.3	62.0	61.9	55.7	62.8	67.9	68.6	13.8†††
California	67.9	71.0	66.2	67.6	68.3	71.3	72.4	6.6†††
Colorado	69.2	68.6	69.2	69.9	66.6	71.7	71.0	2.6
Connecticut	74.0	73.3	71.7	71.8	73.2	77.8	78.2	5.7†††
Delaware	66.6	68.5	69.1	68.6	72.8	77.9	77.5	16.4†††
District of Columbia	68.9	66.7	—§§§	79.2	80.1	78.6	80.2	16.4†††
Florida	71.1	70.0	71.6	72.4	72.6	75.4	77.8	9.4†††
Georgia	64.4	67.1	70.4	72.3	71.8	73.6	74.8	16.1†††
Hawaii	68.3	71.0	69.7	68.9	66.0	75.4	71.8	5.1†††
Idaho	65.8	65.6	66.0	63.3	62.6	64.8	67.2	2.1
Illinois	65.1	65.3	67.0	66.6	67.1	70.9	70.7	8.6†††
Indiana	62.8	63.5	63.7	64.9	68.6	71.3	71.1	13.2†††
Iowa	68.8	69.8	66.2	64.8	64.9	69.8	69.0	0.3
Kansas	—	66.4	65.3	54.8	67.2	70.5	68.2	—
Kentucky	61.0	63.8	62.4	64.3	65.0	70.4	71.7	17.5†††
Louisiana	64.9	65.9	65.6	65.9	66.4	72.2	69.6	7.2†††
Maine	67.4	68.7	65.1	70.5	70.8	75.1	74.8	11.0†††
Maryland	69.7	72.3	73.6	74.0	75.0	78.4	77.8	11.6†††
Massachusetts	70.5	76.5	75.0	73.2	75.2	79.5	80.6	14.3†††
Michigan	70.9	72.5	71.8	71.9	70.2	73.6	74.3	4.8†††
Minnesota	71.2	70.2	62.6	60.8	59.4	74.2	74.9	5.2†††
Mississippi	60.4	59.3	57.3	61.9	63.4	69.0	68.8	13.9†††
Missouri	67.3	65.7	64.6	67.2	63.7	70.1	70.8	5.2†††
Montana	62.0	65.5	62.7	60.6	62.9	67.5	67.4	8.7†††
Nebraska	64.0	64.1	60.9	64.0	63.9	64.9	67.5	5.5†††
Nevada	—	64.1	67.0	67.0	66.7	71.2	66.7	—
New Hampshire	73.8	71.0	73.4	72.2	72.2	76.2	77.8	5.4†††
New Jersey	73.3	71.6	71.7	74.1	73.9	77.9	76.8	4.8†††
New Mexico	60.8	62.9	65.0	63.1	61.5	68.5	67.7	11.3†††
New York	68.5	69.3	72.2	70.9	70.9	75.8	75.1	9.6†††
North Carolina	69.6	69.5	67.1	69.7	72.9	74.0	73.5	5.6†††
North Dakota	67.5	67.9	65.2	62.9	64.1	70.2	68.6	1.6
Ohio	66.3	64.3	62.7	66.0	68.0	70.6	72.3	9.0†††
Oklahoma	67.8	65.3	67.7	73.7	69.4	69.6	69.1	1.9
Oregon	67.8	68.2	67.1	66.2	64.9	68.7	67.1	−1.0
Pennsylvania	66.6	68.0	67.3	66.6	69.1	73.3	73.5	10.4†††
Rhode Island	71.0	74.2	74.0	72.7	74.2	79.7	79.7	12.3†††
South Carolina	67.2	69.3	70.7	71.7	70.9	77.3	76.3	13.5†††
South Dakota	66.6	63.2	64.8	61.8	61.5	67.9	69.2	3.9
Tennessee	66.8	67.6	68.7	69.6	70.7	67.8	74.0	10.8†††
Texas	64.6	69.7	70.0	67.2	69.4	70.3	69.7	7.9†††
Utah	64.1	64.9	66.3	67.1	65.3	69.4	67.7	5.6†††
Vermont	70.1	71.6	69.2	67.8	68.5	74.4	74.7	6.6†††
Virginia	71.0	72.3	73.5	71.5	71.2	75.4	75.5	6.3†††
Washington	70.8	71.2	69.7	69.1	66.8	70.3	71.7	1.3
West Virginia	65.0	62.7	65.8	65.1	65.9	72.2	73.5	13.1†††
Wisconsin	68.6	66.9	67.4	69.6	68.3	71.3	74.4	8.5†††
Wyoming	—	—	65.4	68.9	68.5	72.2	72.0	—
Total¶¶¶	**67.6**	**68.7**	**68.3**	**68.6**	**69.2**	**72.7**	**73.1**	**8.1†††**

* All data are self-reported and age-adjusted to the 2000 U.S. standard population.
† In 1991, sample sizes for individual states ranged from 1,122 to 3,272.
§ In 1993, sample sizes for individual states ranged from 1,161 to 4,193.
¶ In 1995, sample sizes for individual states ranged from 1,171 to 4,968.
** In 1997, sample sizes for individual states ranged from 1,477 to 4,761.
†† In 1999, sample sizes for individual states ranged from 1,241 to 7,378.
§§ In 2001, sample sizes for individual states ranged from 2,435 to 8,345.
¶¶ In 2003, sample sizes for individual states ranged from 1,929 to 18,257.
*** Percentage change = (2003 prevalence − 1991 prevalence) / (1991 prevalence) x 100.
††† *t*-statistic comparing 1991 and 2003 is significant at $p<0.05$.
§§§ Not available.
¶¶¶ Includes 47 states with complete data for 1991–2003 (excludes District of Columbia, Kansas, Nevada, and Wyoming).

TABLE 3. Prevalence* of persons aged ≥20 years ever told by a health-care provider that they had high blood cholesterol, among adults ever screened for blood cholesterol, by state/area and year — Behavioral Risk Factor Surveillance System, United States, 1991–2003

State/Area	1991† %	1993§ %	1995¶ %	1997** %	1999†† %	2001§§ %	2003¶¶ %	1991–2003 % change***
Alabama	24.5	27.0	25.5	27.5	30.7	30.5	33.1	35.1†††
Alaska	31.3	29.7	28.2	26.3	28.5	28.6	26.1	−16.6
Arizona	25.9	23.6	25.8	29.8	23.0	28.2	31.5	21.6†††
Arkansas	24.4	26.9	26.0	27.5	29.0	27.4	30.6	25.4†††
California	25.4	28.3	27.5	28.6	28.1	30.2	30.7	20.9†††
Colorado	24.9	26.4	27.7	27.1	24.8	27.9	30.1	20.9†††
Connecticut	26.8	28.3	24.4	22.7	26.5	27.8	28.0	4.5
Delaware	29.1	28.9	28.8	27.3	29.0	28.9	32.5	11.7
District of Columbia	20.0	18.3	—§§§	18.2	22.1	28.4	29.5	47.5†††
Florida	22.5	30.2	28.2	29.1	29.5	27.3	31.2	38.7†††
Georgia	23.2	26.7	22.3	23.8	28.1	30.9	32.4	39.7†††
Hawaii	28.8	32.4	26.1	29.4	26.0	23.7	24.5	−14.9†††
Idaho	24.7	28.2	26.4	28.0	27.3	27.4	28.4	15.0†††
Illinois	26.4	27.5	26.1	31.3	28.8	27.5	31.5	19.3†††
Indiana	26.9	29.8	29.3	27.3	30.0	27.4	31.7	17.8†††
Iowa	22.8	27.6	26.7	25.6	28.2	27.3	27.9	22.4†††
Kansas	—	30.8	30.2	25.8	25.1	26.9	26.7	—
Kentucky	28.7	30.8	28.2	28.2	30.4	29.0	32.8	14.3†††
Louisiana	25.3	26.3	25.6	26.0	25.4	26.3	28.6	13.0
Maine	26.6	26.9	28.2	30.6	28.6	28.1	30.4	14.3
Maryland	24.6	26.1	24.9	27.9	28.8	29.9	32.3	31.3†††
Massachusetts	26.2	27.6	30.5	24.5	28.2	28.0	30.3	15.6†††
Michigan	30.0	29.4	30.6	29.6	30.4	31.5	35.2	17.3†††
Minnesota	24.7	26.6	26.3	29.0	28.8	28.1	28.5	15.4†††
Mississippi	24.5	30.2	23.5	27.1	28.7	29.0	30.9	26.1†††
Missouri	24.5	30.0	26.7	28.1	27.8	28.2	30.6	24.9†††
Montana	27.6	25.3	26.1	28.4	27.3	25.9	26.1	−5.4
Nebraska	23.4	25.6	26.3	28.0	25.2	24.5	27.9	19.2†††
Nevada	—	31.1	28.3	26.4	32.7	33.3	34.6	—
New Hampshire	29.3	28.8	26.5	29.7	31.1	29.5	31.1	6.1
New Jersey	24.1	27.0	23.5	26.8	25.0	28.1	31.6	31.1†††
New Mexico	22.2	28.0	28.1	26.3	24.9	22.5	24.5	10.4
New York	24.0	27.9	25.3	26.0	27.2	28.5	32.5	35.4†††
North Carolina	24.5	25.2	23.6	25.2	29.8	27.5	31.8	29.8†††
North Dakota	25.5	30.0	27.9	27.6	27.4	27.2	28.2	10.6
Ohio	23.4	26.8	26.9	25.8	30.4	30.1	31.0	32.5†††
Oklahoma	25.6	27.4	27.0	21.5	20.3	27.1	29.1	13.7†††
Oregon	25.9	28.2	26.5	29.6	25.7	28.4	30.3	17.0†††
Pennsylvania	25.4	26.0	28.2	23.7	25.4	29.3	31.5	24.0†††
Rhode Island	28.0	26.4	26.8	27.2	26.8	31.3	31.2	11.4
South Carolina	26.5	26.8	26.1	23.3	26.1	26.4	31.5	18.9†††
South Dakota	23.7	25.3	22.9	23.8	26.1	26.5	27.4	15.6†††
Tennessee	23.8	27.9	26.3	28.3	27.7	31.1	27.9	17.2†††
Texas	26.2	28.3	33.0	27.7	29.3	29.9	32.2	22.9†††
Utah	24.9	27.7	22.3	26.4	27.3	27.7	27.1	8.8
Vermont	28.2	25.6	27.0	24.3	25.4	28.0	28.5	1.1
Virginia	25.3	26.9	28.9	28.4	30.9	29.1	31.1	22.9†††
Washington	26.2	28.4	28.1	23.7	26.1	26.8	30.7	17.2†††
West Virginia	29.0	31.4	29.4	29.1	33.5	33.5	34.1	17.6†††
Wisconsin	26.4	31.3	28.3	24.5	28.8	26.8	29.8	12.9
Wyoming	—	—	26.7	28.0	28.3	28.2	32.2	—
Total¶¶¶	**25.3**	**27.9**	**27.3**	**27.0**	**28.0**	**28.8**	**31.1**	**22.9†††**

* All data are self-reported and age-adjusted to the 2000 U.S. standard population.
† In 1991, sample sizes for individual states ranged from 666 to 2,335.
§ In 1993, sample sizes for individual states ranged from 751 to 2,541.
¶ In 1995, sample sizes for individual states ranged from 755 to 3,681.
** In 1997, sample sizes for individual states ranged from 938 to 3,309.
†† In 1999, sample sizes for individual states ranged from 905 to 4,918.
§§ In 2001, sample sizes for individual states ranged from 1,387 to 6,697.
¶¶ In 2003, sample sizes for individual states ranged from 1,722 to 13,678.
*** Percentage change = (2003 prevalence − 1991 prevalence) / (1991 prevalence) x 100.
††† *t*-statistic comparing 1991 and 2003 is significant at $p<0.05$.
§§§ Not available.
¶¶¶ Includes 47 states with complete data for 1991–2003 (excludes District of Columbia, Kansas, Nevada, and Wyoming).

The increase in percentage of persons ever screened who were told that they had HBC might reflect either an increased prevalence of cholesterol screening or an increase in the prevalence of HBC in the population. However, data based on actual serum cholesterol levels indicate that the percentage of the U.S. population aged ≥20 years with HBC decreased slightly between the 1988–1994 and 1999–2002 National Health and Nutrition Examination Surveys (*8*).

The findings in this report are subject to at least two limitations. First, BRFSS data are based on respondent self-reports; respondents might have been unaware, forgotten, or not been told that they had been screened for cholesterol or had HBC, resulting in an underestimation of the prevalence of screening and HBC. Second, BRFSS excludes households without telephones.

HBC is one of the major modifiable risk factors for heart disease and stroke. One approach to reducing blood cholesterol levels has been to increase public awareness and reinforce educational messages about the risks of HBC (*5,6,9*). Cholesterol levels can be reduced through dietary changes (e.g., reduced intake of saturated fats and dietary cholesterol), increased physical activity, and drug treatment (*7*). Although substantial progress has been made in reducing cholesterol levels since the mid-1980s (*9*), an increased emphasis on cholesterol screening is necessary if more states are to achieve objectives set forth in *Healthy People 2010*. The public health community and health-care systems should emphasize cholesterol screening of young adults and Hispanic and Asian/Pacific Islander populations to meet the national health objective and the overall *Healthy People 2010* goal of eliminating health disparities.

Acknowledgment

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Unintentional Deaths from Drug Poisoning by Urbanization of Area — New Mexico, 1994–2003

New Mexico experienced an increase in poisoning deaths during the 1990s (*1*) and in 2002 was the state with the highest death rate (14.1 per 100,000 population) from unintentional poisoning, more than twice the national rate (6.1) (*2*). The majority of these unintentional poisoning deaths were caused by ingestion of drugs, including illicit, prescription, and over-the-counter drugs. New Mexico is geographically diverse, with communities ranging from urban centers to sparsely populated counties. To examine the relationship between the types of drugs causing poisoning deaths and the levels of urbanization where the decedents resided, the New Mexico Department of Health analyzed data provided by the New Mexico Office of the Medical Investigator (OMI) for 1994–2003. All counties in New Mexico were classified as metropolitan or micropolitan statistical areas, or as nonstatistical areas, by using 2001–2002 population estimates in accordance with 2003 Office of Management and Budget (OMB) classifications* (*3,4*). This report summarizes the results of that analysis, which indicated that deaths from illicit-drug poisoning were twice as likely to occur in metropolitan areas as nonmetropolitan areas (i.e., micropolitan and nonstatistical areas combined). However, deaths from prescription-drug poisoning were most likely to occur in micropolitan and nonstatistical areas. Investigation of drug-poisoning deaths by level of urbanization can be useful to public health programs to prevent unintentional drug-poisoning deaths.

OMI is authorized to investigate all deaths in New Mexico that are sudden, unexplained, suspicious, violent, or unattended, and also is contracted to investigate the majority of

* OMB classifies statistical areas according to the population size of core urbanized areas, plus adjacent territory that has a high degree of social and economic integration with the core, as measured by commuting ties. Metropolitan areas have at least one urbanized area with ≥50,000 population. Micropolitan areas, newly defined in 2000, have at least one urban cluster with 10,000–49,999 population. In this report, all areas classified as neither metropolitan nor micropolitan are referred to as nonstatistical areas.

those types of deaths occurring in federal or tribal jurisdictions. Deaths were determined to have been caused by drugs or poisons on the basis of full autopsy, circumstances of death, investigation of death scene and medical background, and toxicologic evaluation indicating lethal blood concentration of one or more drugs, as evaluated by OMI board-certified forensic pathologists. An unintentional drug-poisoning death was a death ruled by OMI as accidental and caused by a single drug, a combination of drugs, or a combination of drugs and alcohol.

Decedent characteristics (e.g., sex, race/ethnicity, and drugs causing death) were analyzed, and age-adjusted drug-poisoning death rates per 100,000 population by urbanization of area were calculated for 1994–2003. The population denominator for rates was the average population estimate from 1994–2003, calculated from 2000 U.S. standard census data for the year 2000 and from intercensal estimates for the other years (*5*). For all unintentional drug-poisoning deaths, bivariate and multivariate associations were assessed for urbanization level and selected covariates. Four metropolitan and 14 micropolitan statistical areas were identified; 12 sparsely populated counties that did not meet the OMB definition for metropolitan or micropolitan statistical areas were classified as nonstatistical areas.[†] Drugs causing death were categorized as illicit drugs (i.e., heroin, cocaine, or methamphetamine), over-the-counter drugs, or prescription drugs (i.e., methadone, other opioid painkiller, tranquilizer/muscle relaxant, antidepressant, barbiturate, or other prescription drug), according to American Hospital Formulary Service Pharmacologic-Therapeutic classifications (*6*).

During 1994–2003, a total of 1,982 drug-poisoning deaths were identified in New Mexico; data on four deaths did not include county of decedent residence. Statewide, 71.3% of decedents resided in metropolitan areas, 25.3% in micropolitan areas, and 3.4% in nonstatistical areas (Table 1). Compared with decedents from micropolitan and nonstatistical areas, a significantly larger proportion from metropolitan areas died from heroin overdose (52.6% versus 48.8% and 35.3%, respectively). However, a larger proportion from nonstatistical areas than from metropolitan and micropolitan areas died from any prescription drug (50.0% versus 37.2% and 40.2%) or from opioid painkillers other than methadone (38.2% versus 19.6% and 22.8%).

Illicit drug poisonings had the highest death rate (8.1 per 100,000 population), with a higher poisoning death rate from heroin than from cocaine or methamphetamine (5.8 versus 4.4 and 0.6) (Table 2). The death rate from any prescription drug was 4.4, with the highest rate among prescription drugs from

[†] In 2003, the average population density was 105.0 persons per square mile for the four metropolitan areas, 22.8 for the 14 micropolitan areas, and 2.1 for the 12 nonstatistical areas.

TABLE 1. Number* and percentage of deaths from unintentional drug poisoning, by urbanization of area and selected characteristics — New Mexico, 1994–2003

Characteristic	Metropolitan area† No.	(%)	Micropolitan area† No.	(%)	Nonstatistical area† No.	(%)
Sex						
Female	331	(23.4)	116	(23.2)	17	(25.0)
Male	1,081	(76.6)	384	(76.8)	51	(75.0)
Race/Ethnicity						
White, non-Hispanic	602	(42.6)	167	(33.4)	31	(45.6)
Hispanic (of any race)	728	(51.6)	311	(62.2)	36	(52.9)
All others	82	(5.8)	22	(4.4)	1	(1.5)
Years of death						
1994–1995	178	(12.6)	68	(13.6)	9	(13.2)
1996–1997	209	(14.8)	78	(15.6)	13	(19.1)
1998–1999	328	(23.2)	101	(20.2)	7	(10.3)
2000–2001	318	(22.5)	96	(19.2)	15	(22.1)
2002–2003	379	(26.8)	157	(31.4)	24	(35.3)
Type of drug that caused poisoning death§						
Any illicit drug	1,018	(72.1)	356	(71.2)	39	(57.4)
Any prescription drug	525	(37.2)	201	(40.2)	34	(50.0)¶
Specific illicit drugs						
Heroin	743	(52.6)	244	(48.8)	24	(35.3)¶
Cocaine	549	(38.9)	192	(38.4)	21	(30.9)
Methamphetamine	57	(4.0)	34	(6.8)	4	(5.9)¶
Specific prescription drugs						
Methadone	184	(13.0)	49	(9.8)	7	(10.3)
Other opioid painkiller**	277	(19.6)	114	(22.8)	26	(38.2)¶
Antidepressant**	137	(9.7)	51	(10.2)	7	(10.3)
Tranquilizer/Muscle relaxant**	180	(12.8)	75	(15.0)	9	(13.2)
Other prescription drug**	26	(1.8)	8	(1.6)	1	(1.5)
Over-the-counter drug**	113	(8.0)	39	(7.8)	3	(4.4)
Alcohol and drug cointoxication	407	(28.8)	194	(38.8)	25	(36.8)¶
Total	**1,410**	**(71.3)**	**500**	**(25.3)**	**68**	**(3.4)**

* N = 1,978; excludes four decedents with missing residence data.

† Metropolitan areas have at least one urban area with ≥50,000 population. Micropolitan areas have at least one urban area with 10,000–49,999 population. All other areas are nonstatistical areas.

§ Types of drugs that caused poisoning deaths are not mutually exclusive. More than one type of drug might have caused death; the sum of the drug types exceeds the total number of deaths.

¶ $p<0.05$.

** Opioid painkillers other than methadone were morphine, codeine, oxycodone, hydrocodone, meperidine, propoxyphene, hydromorphone, fentanyl, pentazocine, and tramadol. Antidepressants were amitriptyline, bupropion, citalopram, desipramine, doxepin, venlafaxine, imipramine, fluoxetine, paroxetine, trazodone, sertraline, amoxapine, and fluvoxamine. Tranquilizers/muscle relaxants were clonazepam, diazepam, chlordiazepoxide, lorazepam, temazepam, alprazolam, zolpidem, meprobamate, lithium, carisoprodol, cyclobenzoprine, and chloral hydrate. Other prescription drugs were anti-arrythmics, anticonvulsants, COX-2 inhibitors, and atypical antipsychotics. Over-the-counter drugs included acetaminophen, salicylate, ibuprofen, diphenhydramine, doxylamine, and ephedrine/pseudoephedrine.

TABLE 2. Number and rate* of deaths from unintentional drug poisoning, by urbanization of area and drug type — New Mexico, 1994–2003

Type of drug†	Total		Rate		
	No.	Rate	Metropolitan area§	Micropolitan area§	Nonstatistical area§
Any illicit drug	**1,415**	**8.1**	9.0	6.8	4.4
Any prescription drug	**762**	**4.4**	4.7	3.8	3.6
Specific illicit drugs					
Heroin	**1,013**	**5.8**	6.6	4.7	2.6
Cocaine	**763**	**4.4**	4.8	3.7	2.4
Methamphetamine	**95**	**0.6**	0.5	0.6	0.5
Specific prescription drugs					
Methadone	**240**	**1.4**	1.6	0.9	0.7
Other opioid painkiller¶	**418**	**2.4**	2.5	2.2	2.8
Antidepressant¶	**196**	**1.1**	1.2	1.0	0.8
Tranquilizer/Muscle relaxant¶	**265**	**1.5**	1.6	1.4	1.0
Over-the-counter drug¶	**155**	**0.9**	1.0	0.7	—**
Alcohol and drug cointoxication	**627**	**3.6**	3.6	3.7	2.7
Total	**1,982**	**11.4**	**12.6**	**9.5**	**7.4**

* Per 100,000 population, age-adjusted to the 2000 U.S. standard population.
† Types of drugs that caused poisoning deaths are not mutually exclusive. More than one type of drug might have caused death; the sum of the drug types exceeds the total number of deaths.
§ Metropolitan areas have at least one urban area with ≥50,000 population. Micropolitan areas have at least one urban area with 10,000–49,999 population. All other areas are nonstatistical areas.
¶ Opioid painkillers other than methadone were morphine, codeine, oxycodone, hydrocodone, meperidine, propoxyphene, hydromorphone, fentanyl, pentazocine, and tramadol. Antidepressants were amitriptyline, bupropion, citalopram, desipramine, doxepin, venlafaxine, imipramine, fluoxetine, paroxetine, trazodone, sertraline, amoxapine, and fluvoxamine. Tranquilizers/muscle relaxants were clonazepam, diazepam, chlordiazepoxide, lorazepam, temazepam, alprazolam, zolpidem, meprobamate, lithium, carisoprodol, cyclobenzoprine, and chloral hydrate. Over-the-counter drugs included acetaminophen, salicylate, ibuprofen, diphenhydramine, doxylamine, and ephedrine/pseudoephedrine.
** Fewer than four cases.

TABLE 3. Likelihood of selected types of drugs causing death from unintentional poisoning,* by urbanization of area and drug type — New Mexico, 1994–2003

Type of drug	Metropolitan area† (referent)	Micropolitan area†		Nonstatistical area†	
		AOR§	(95% CI¶)	AOR	(95% CI)
Any illicit drug	1.0	0.65	(0.45–0.93)	0.40	(0.21–0.76)
Any prescription drug	1.0	1.71	(1.23–2.38)	2.41	(1.32–4.40)
Specific illicit drugs					
Heroin	1.0	0.83	(0.60–1.15)	0.55	(0.30–1.02)
Cocaine	1.0	0.75	(0.55–1.04)	0.58	(0.32–1.08)
Methamphetamine	1.0	1.29	(0.62–2.68)	0.94	(0.27–3.28)
Specific prescription drugs					
Methadone	1.0	1.51	(0.92–2.48)	2.12	(0.84–5.36)
Other opioid painkiller**	1.0	1.21	(0.83–1.77)	2.23	(1.19–4.17)
Antidepressant**	1.0	1.38	(0.82–2.31)	1.09	(0.41–2.88)
Tranquilizer/Muscle relaxant**	1.0	1.42	(0.93–2.17)	1.26	(0.55–2.88)
Alcohol and drug cointoxication	1.0	1.68	(1.21–2.33)	1.58	(0.87–2.87)

* Multivariate logistic model adjusted for sex, race/ethnicity, age, New Mexico geographic region, and year of death.
† Metropolitan areas have at least one urban area with ≥50,000 population. Micropolitan areas have at least one urban area with 10,000–49,999 population. All other areas are nonstatistical areas.
§ Adjusted odds ratio.
¶ Confidence interval.
** Opioid painkillers other than methadone were morphine, codeine, oxycodone, hydrocodone, meperidine, propoxyphene, hydromorphone, fentanyl, pentazocine, and tramadol. Antidepressants were amitriptyline, bupropion, citalopram, desipramine, doxepin, venlafaxine, imipramine, fluoxetine, paroxetine, trazodone, sertraline, amoxapine, and fluvoxamine. Tranquilizer/muscle relaxants were clonazepam, diazepam, chlordiazepoxide, lorazepam, temazepam, alprazolam, zolpidem, meprobamate, lithium, carisoprodol, cyclobenzoprine, and chloral hydrate.

opioid painkillers other than methadone (2.4). Metropolitan areas had the highest rates for all drug-poisoning deaths (12.6 versus 9.5 for micropolitan areas and 7.4 for nonstatistical areas), any illicit drug (9.0 versus 6.8 for micropolitan areas and 4.4 for nonstatistical areas), heroin (6.6 versus 4.7 for micropolitan areas and 2.6 for nonstatistical areas), and cocaine (4.8 versus 3.7 for micropolitan areas and 2.4 for nonstatistical areas). Metropolitan areas also had the highest death rates from methadone (1.6) and over-the-counter drugs (1.0). Nonstatistical areas had the highest death rate from opioid painkillers other than methadone (2.8); micropolitan areas had the highest death rate from alcohol and drug cointoxication (3.7).

Multivariate models were used to assess the correlation between the three classifications of areas and types of drugs causing deaths, adjusting for sex, race/ethnicity, age, year of death, and geographic region (e.g., the heroin-poisoning death rate was highest in northern New Mexico) (Table 3). Compared with decedents residing in metropolitan areas, death from any illicit drug was less likely among decedents in nonmetropolitan areas (adjusted odds ratio [AOR] = 0.65, 95% confidence interval [CI] = 0.45–0.93 for micropolitan areas; AOR = 0.40, CI = 0.21–0.76 for nonstatistical areas); conversely, death from any prescription drug poisoning was more likely in micropolitan (AOR = 1.71, CI = 1.23–2.38) and nonstatistical areas (AOR = 2.41, CI = 1.32–4.40). Poisoning death from a prescription opioid painkiller other than methadone was twice as likely among decedents residing in nonstatistical areas (AOR = 2.23, CI = 1.19–4.17) compared with decedents in metropolitan areas. Alcohol and drug cointoxication was more likely among decedents in micropolitan areas than decedents in metropolitan areas (AOR = 1.68, CI = 1.32–2.33).

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Editorial Note: The findings in this report indicate that the poisoning death rate from

opioid painkillers other than methadone was highest in nonstatistical areas of New Mexico and accounted for 38% of all deaths by drug poisoning in those areas. Adjusting for confounding effects of decedent and state regional characteristics by using multivariate logistic regression modeling revealed that deaths from illicit drug poisoning were most likely to occur in metropolitan areas, and deaths from prescription drugs were most common in micropolitan and nonstatistical areas.

The nonmetropolitan area results of the New Mexico analysis are similar to results in previous reports from other areas. In Utah, a greater increase was observed from 1991–1998 to 1999–2003 in drug-poisoning death rates in rural counties than in urban counties (*7*). The same association was observed in North Carolina during 1997–2001 (*8*). The highest death rate and likelihood (OR = 3.4) from heroin overdose was observed in urban counties of North Carolina, and the highest death rates and likelihood from oxycodone overdose (OR = 2.6) was in rural counties. In New Mexico, poisoning death from prescription opioid painkillers (e.g., oxycodone) was 2.2 times more likely in nonstatistical areas than in metropolitan areas, also similar to the North Carolina findings. Nationally, deaths caused by opioid painkillers have increased in recent years, possibly because of increased retail distribution and changing physician prescribing practices (*9*). However, further study is needed to discern the reasons for higher death rates in rural areas and to determine whether certain deaths can be attributed to medical use or nonmedical use of opioids.

The findings in this report are subject to at least three limitations. First, variability among medical examiner interpretations might have occurred, resulting in different interpretations regarding the drugs causing deaths. Second, statistical areas were classified by using current OMB definitions, although the analysis spanned from 1994 to 2003; micropolitan areas were not introduced into OMB classifications until 2000. Third, this analysis required 10 years of data to collect adequate sample sizes; therefore, trends for drug-poisoning deaths were not evaluated.

Prevention, treatment, surveillance, and law enforcement are important factors in addressing the high rate of deaths from drug poisoning. Prevention programs in micropolitan and nonstatistical areas should focus on the abuse of opioid painkillers and prescription drugs, alongside programs to prevent and reduce use of illicit drugs, which caused the majority of deaths in each of the three areas considered. A universal goal for states is to improve access to and availability of substance-abuse treatment to persons in rural settings. Surveillance of drug-poisoning deaths by level of urbanization can provide data to public health agencies that can help them develop targeted programs and interventions.

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Progress Toward Poliomyelitis Eradication — Nigeria, January 2004–July 2005

After the 1988 World Health Assembly resolution to eradicate polio (*1*), the number of countries where polio is endemic decreased from 125 in 1988 to six* in 2003. However, the Global Polio Eradication Initiative faced critical challenges during 2003–2005, when a resurgence of polio cases occurred across Africa. Nigeria, the most populous† country of the continent, experienced increased wild poliovirus (WPV) transmission throughout the country after suspension of supplementary immunization activities (SIAs) in certain northern states because of misconceptions regarding vaccine safety (*2*). The resurgence in Nigeria resulted in the spread of WPV during 2003–2005 into 18 countries that had been polio-free for 1 or more years, including three countries§ outside Africa

* Afghanistan, Egypt, India, Niger, Nigeria, and Pakistan.
† 2004 population: 116 million (projected from 1991 census).
§ Indonesia, Yemen, and Saudi Arabia.

(*3–6*). Transmission was reestablished and is ongoing in six[¶] of these countries. The Nigerian states that suspended campaigns subsequently resumed SIAs in 2004, in synchrony with SIAs being conducted in other countries across West and Central Africa (*3*). This report summarizes polio eradication activities and WPV circulation in Nigeria during January 2004–July 2005 and the actions under way to interrupt WPV transmission.

Routine Vaccination

In 2003, a national vaccination coverage survey indicated that 31% of children aged <12 months had received 3 doses of diphtheria and tetanus toxoids and pertussis vaccine (DTP3) (range: 6% in the northwest zone[**] to 68% in the southwest zone); DTP3 is used as a proxy for routine vaccination with 3 doses of oral poliovirus vaccine (OPV3) by age 12 months.

Supplementary Immunization Activities

During 1999–2002, National Immunization Days (NIDs)[††] targeting children aged <5 years were conducted annually (*2*). In 2003, a global shortfall in international donations restricted SIAs in Nigeria to nine rounds of subnational immunization days (SNIDs)[§§] targeting northern states where polio is endemic. The state governments of Kaduna, Kano, Zamfara, and (to a limited extent) Niger suspended several SIA rounds during 2003–2004. State authorities in Kano, the most populous of these (estimated 2004 population: 7.7 million), suspended all SIAs during April 2003–July 2004 (*3*), resulting in decreased acceptance of OPV in all the northern states.

Nigeria conducted five NID rounds in 2004, targeting all 37 states (36 states plus the Federal Capital Territory). Kano did not participate in the January and March rounds, and Zamfara missed the January round. With resumption of activities in Kano, SNIDs were conducted in July and September 2004 in eight northwestern Nigerian states[¶¶] where polio is endemic. Five NID rounds and one SNID round were planned for 2005; the number of children reached increased steadily with each SIA round during 2004–2005. Independent monitoring indicated a decreasing estimated proportion of households missed nationally (from 7% in October 2004 to 3% in May 2005) and children missed (from 17% to 7%).

Certain populations living in riverine areas (e.g., nomadic cattle herders and fishermen and hard-to-reach settled communities), whose estimated population exceeds 10 million, predominantly in the northern zones, have had limited access to previous SIAs and routine vaccination services. As determined from SIA independent monitoring and polio case investigations, repeatedly missing children in these high-risk populations has contributed substantially to decreased overall childhood population immunity. Specialized teams are now providing outreach activities to reach these groups with OPV and other vaccines. In 2005, to date, approximately 22,000 children from these communities who had never received OPV previously were vaccinated.

The OPV vaccination status (total number of doses through routine and supplementary immunization) of children aged 6–59 months with nonpolio acute flaccid paralysis (NPAFP) is used as a proxy for OPV vaccination of the overall targeted population. In the 13 states where polio is endemic,[***] the proportion of NPAFP cases in persons who had received ≥3 doses of OPV was 15% for cases with onset in the first half of 2004 (range: 1.6%–51%), compared with 19% in the first half of 2005 (range: 0%–60%). In contrast, in the 18 states without confirmed polio in 2005,[†††] this proportion was 66% (range: 27%–85%) during the first 6 months of 2004, compared with 71% (range: 40%–96%) during the first 6 months of 2005. During 2004–2005, the proportion of children who had never received OPV declined in only seven of the 13 states where polio is endemic.

AFP Surveillance

Surveillance for AFP is conducted at 4,993 reporting sites in the 774 local government areas (LGAs). AFP surveillance quality is evaluated by using two key performance indicators: 1) annual reporting rate (target: NPAFP incidence rate of ≥2 cases per 100,000 children aged <15 years[§§§]) and 2) completeness of stool specimen collection (target: two adequate specimens from ≥80% of all persons with AFP[¶¶¶]). In 2004, Nigeria achieved a national NPAFP incidence rate of 7.3, when 100% of the 37 states and 65% of the 774 LGAs achieved rates of ≥2 cases per 100,000 (Table); in 2005, according to provisional data, 68% of LGAs achieved these

[¶] Burkina Faso, Central African Republic, Chad, Côte d-Ivoire, Mali, and Sudan.

[**] Northwest zone: Jigawa, Kaduna, Kano, Katsina, Kebbi, Sokoto, and Zamfara; North-central zone: Benue, Federal Capital Territory, Kogi, Kwara, Nasarawa, Niger, and Plateau; Northeast zone: Adamawa, Bauchi, Borno, Gombe, Taraba, and Yobe; Southwest zone: Ekiti, Lagos, Ogun, Ondo, Osun, and Oyo; Southsouth zone: Akwa Ibom, Bayelsa, Cross River, Delta, Edo, and Rivers; Southeast zone: Abia, Anambra, Ebonyi, Enugu, and Imo.

[††] Nationwide mass campaigns conducted during a short period (days to weeks) during which a dose of OPV is administered to all children (usually aged <5 years) regardless of previous vaccination history.

[§§] Campaigns similar to NIDs but confined to certain parts of the country.

[¶¶] Jigawa, Kaduna, Kano, Katsina, Kebbi, Sokoto, Yobe, and Zamfara.

[***] Adamawa, Bauchi, Borno, Gombe, Jigawa, Kaduna, Kano, Katsina, Kebbi, Niger, Sokoto, Yobe, and Zamfara.

[†††] Abia, Akwa-Ibom, Anambra, Bayelsa, Cross River, Delta, Ebonyi, Ekiti, Enugu, Imo, Kwara, Lagos, Ogun, Ondo, Osun, Oyo, Plateau, and Rivers.

[§§§] In June 2005, the WHO Regional Office for Africa announced that because of a high rate of background illnesses and uncertain population denominator estimates, the NPAFP target incidence rate for sensitive surveillance for endemic/re-infected countries of the Region should now be considered ≥2.0 per 100,000 children aged <15 years at each district subnational level.

[¶¶¶] Two specimens collected at least 24 hours apart within 14 days of onset and arriving to the laboratory in good condition.

TABLE. Nonpolio acute flaccid paralysis (NPAFP) performance indicators and confirmed poliomyelitis cases, by geopolitical zone* — Nigeria, 2004–2005†

Zone	2004				2005			
	NPAFP incidence rate	% of cases with two adequate specimens	% of LGAs§ meeting both target indicators	No. of confirmed poliomyelitis cases	NPAFP incidence rate	% of cases with two adequate specimens	% of LGAs meeting both target indicators	No. of confirmed poliomyelitis cases
NW¶	4.30	87	60	503	4.00	89	57	279
NC¶	8.91	94	70	143	7.00	85	63	20
NE¶	4.42	90	70	112	4.71	79	55	77
SW	9.48	93	52	14	4.00	95	63	0
SE	4.61	95	57	2	3.00	95	51	0
SS	6.40	94	60	8	2.00	85	42	1
Total	**7.28**	**91**	**62**	**782**	**4.12**	**88**	**55**	**377**

* NW = Northwest; NC = North-central; NE = Northeast; SW = Southwest; SS = South-south; SE = Southeast.
† As of August 26, 2005. Laboratory results of intratypic differentiation of poliovirus isolates available for cases with onset through July 19, 2005, and complete through April 15, 2005.
§ Local government areas.
¶ States where polio is endemic: Jigawa, Kaduna, Kano, Katsina, Kebbi, Sokoto, and Zamfara (NW zone); Niger (NC zone); and Adamawa, Bauchi, Borno, Gombe, and Yobe (NE zone).

rates. In 2004, the national collection rate of adequate stool specimens was 91%, when 95% of states and 78% of LGAs attained the target rate of ≥80%; in 2005, according to provisional data, 56% of LGAs achieved this rate. Surveillance performance at the LGA level varied; in 2004, a total of 296 (38%) LGAs were below the target levels for one or both surveillance indicators; in 2005, a total of 348 (45%) LGAs were below one or both target levels.

WPV Incidence

During 2002–2004, the number of confirmed WPV cases in Nigeria increased from 202 (2002) to 355 (2003) to 782 (2004) (600 WPV type 1 [WPV1], 182 WPV type 3 [WPV3]) (Table, Figure). In 2004, a total of 30 states (81%) and 245 LGAs (32%) reported at least one WPV case, representing a wider area of circulation than in 2002, when 15 states (41%) and 111 LGAs (14%) reported WPV, and in 2003, when 30 states (81%) and 180 LGAs (23%) reported. As of August 26, a total of 377 cases (207 WPV1, 170 WPV3) had been confirmed in 2005 from 19 states (51%) and 135 LGAs (17%), compared with 574 cases (451 WPV1, 123 WPV3) during the same period in 2004.

Of the 782 WPV cases with onset in 2004, a total of 184 (24%) were in Kano (143 WPV1, 41 WPV3), and 532 (68%) were in the other 12 states where polio is endemic (401 WPV1, 131 WPV3). The 2004 WPV1 outbreak peaked in May, whereas outbreaks in previous years peaked in July. The decline in incidence was less steep in the Northwest and Northeast zones, where WPV3 increased in circulation. Of the 782 cases, 717 (92%) occurred in children aged <3 years; 78% of all 782 children were either never or incompletely vaccinated.

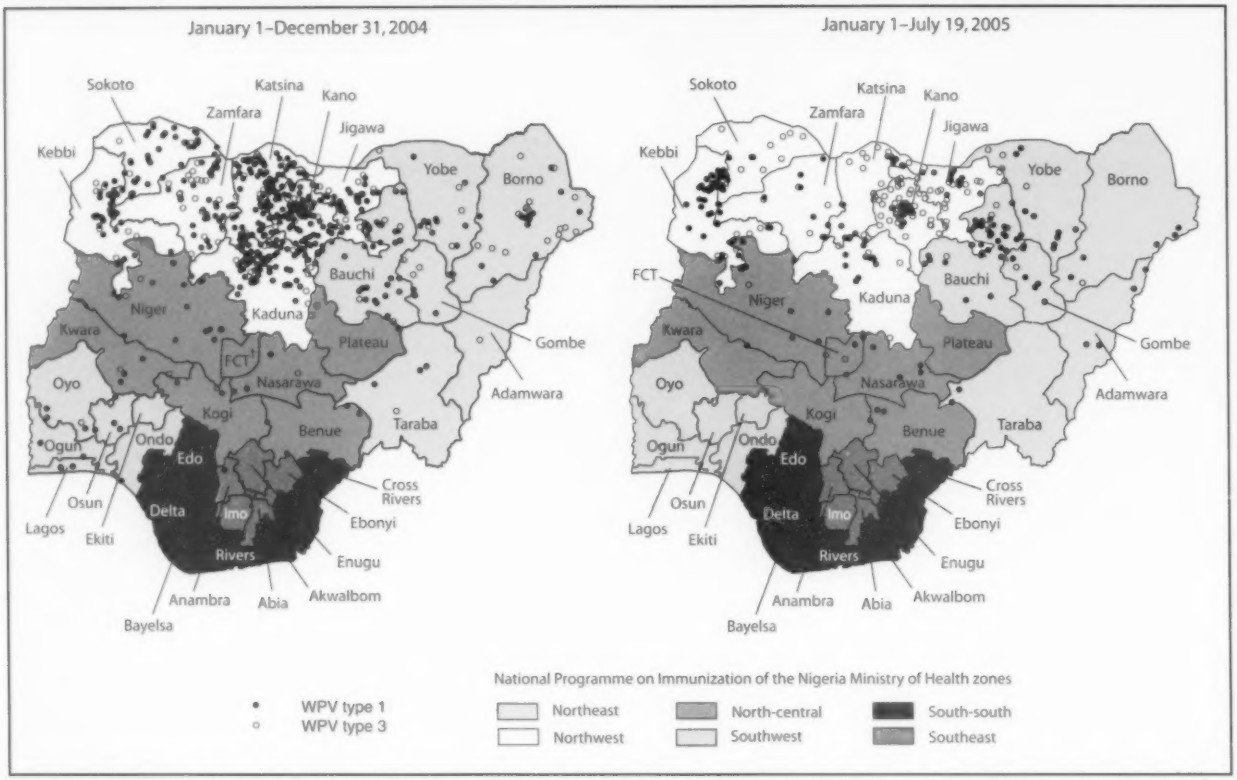
In both 2003 and 2004, a total of 32 WPV1 and six WPV3 genetic clusters (of only one genotype each) were observed in circulation.**** In 2005 to date, 14 WPV1 and five WPV3 genetic clusters have been observed in Nigeria, with genetic analyses pending for many isolates.

Reported by: *National Programme on Immunization, Federal Ministry of Health; Country Office of the World Health Organization, Abuja; Poliovirus Laboratory, Univ of Ibadan, Ibadan; Poliovirus Laboratory, Univ of Maidugari Teaching Hospital, Maidugari, Nigeria. African Regional Polio Reference Laboratory, National Institute for Communicable Diseases, Johannesburg, South Africa. Vaccine Preventable Diseases, World Health Organization Regional Office for Africa, Harare, Zimbabwe. Immunization, Vaccines, and Biologicals Dept, World Health Organization, Geneva, Switzerland. Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases; Global Immunization Div, National Immunization Program, CDC.*

Editorial Note: The resurgence of WPV transmission in Nigeria, which began in 2003 and continued into early 2004, was attributable to the suspension of vaccination campaigns in some northern states and the decreasing SIA coverage that preceded suspension because of false rumors about OPV safety (*2*). However, by July 2004, all states had conducted SIAs. This change was possible because of high-level advocacy by federal authorities, external partners, and public health officials from within the affected states; meetings with religious, traditional, and political leaders; a review by a presidential OPV safety verification committee; and vigorous social mobilization (i.e., public campaigns encouraging persons to accept and seek vaccination). The continued involvement of LGA authorities, together with community traditional and religious leaders, will be essential for continued improvements in SIA implementation and increased routine vaccination levels.

**** Isolates within a cluster share ≥95% VP1 nucleotide sequence identity; within a genotype, they share >85% identity.

FIGURE. Confirmed cases of poliomyelitis, by onset date and wild poliovirus (WPV) serotype — Nigeria, 2004–2005*



* As of August 26, 2005. Laboratory results of intratypic differentiation of poliovirus isolates available for cases with onset through July 19, 2005, and complete through April 15, 2005.
† Federal Capital Territory.

During 2004–2005, the quality of AFP surveillance at state and LGA levels has continued to improve. Remaining gaps at the LGA level are being addressed through training, improved field supervision, ongoing feedback, and peer-performed surveillance assessments.

The resumption of SIAs in July 2004 has resulted in a decreased number of infected states and LGAs as well as an apparent decrease in the genetic diversity of WPVs in 2005. To date, no previously polio-free country has been directly reinfected by Nigeria-derived virus in 2005. Efforts are increasingly being concentrated on the initial 13 polio-endemic states with the most intense transmission of WPVs. Four of the most populous of these (Bauchi, Jigawa, Kano, and Kebbi) have accounted for 258 (68%) of the 377 cases as of August 26, 2005. Data from recent SIAs and OPV history data for NPAFP cases indicate that the program still fails to reach a substantial proportion of children during SIAs in certain areas, particularly in these four states.

Since the beginning of the 2003–2004 outbreak, Nigerian health authorities and immunization partners†††† have strengthened collaboration through the Interagency Coordination Committee chaired by the Minister of Health, with a leading core group and several working groups. The government of Nigeria and its partner agencies are implementing a strategic plan that focuses on improving the quality of SIAs, particularly within high-risk LGAs and for hard-to-reach populations by enhancing 1) ward-level microplanning (i.e., detailed planning at the lowest administrative level); 2) vaccination team-member selection, training, monitoring, and

†††† National Programme on Immunization of the Nigeria Ministry of Health, Association of Local Governments of Nigeria, Nigerian state governments, World Health Organization, Rotary International, CDC, United Nations Children's Fund (UNICEF), European Union, International Federation of Red Cross/Red Crescent, World Bank, and bilateral development agencies of Canada, Norway, Japan, the United Kingdom, and the United States (U.S. Agency for International Development [USAID]). The Global Alliance for Vaccine and Immunization and the Vaccine Fund join these partners in supporting the strengthening of routine vaccination services.

supervision; 3) provision of logistical support; and 4) social mobilization. In addition, federal, state, and LGA authorities are initiating plans for strengthening routine vaccination service delivery by reestablishing outreach services to improve access to those populations often missed by routine vaccination activities.

The government of Nigeria and its partners are committed to interrupting WPV transmission as soon as possible. Global Polio Eradication Initiative partners are working together at all levels to improve the implementation of strategies to achieve eradication.

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Hurricane Katrina Response and Guidance for Health-Care Providers, Relief Workers, and Shelter Operators

Hurricane Katrina struck the coastal areas of Alabama, Florida, Louisiana, and Mississippi on August 29, 2005, causing substantial numbers of deaths among both humans and animals, infrastructure damage, and flooding. Affected areas continue to experience shortages of essential services, including electricity, potable water, food, and fuel; damage to health-care and public health systems; and disrupted communications. CDC/ATSDR, local and state health departments, other federal agencies, and other partners are supporting public health and medical-care functions for persons in affected areas and those displaced as a result of the hurricane.

As of September 7, 2005, CDC/ATSDR had deployed 182 members of the U.S. Public Health Service Commissioned Corps, CDC Epidemic Intelligence Service officers, and federal civilian personnel to provide technical support and additional personnel for critical public health functions (e.g., public health needs assessment; disease surveillance; laboratory support; prevention and control of infectious diseases, including foodborne, waterborne, and vectorborne diseases; mental health services; sanitation and water quality; chemical-exposure management; and injury prevention and control).

To protect the public health and safety during recovery operations, CDC has provided multiple sets of guidelines, available at http://www.bt.cdc.gov/disasters/hurricanes/index.asp. These include guidelines of particular interest to health-care providers, relief workers, and shelter operators. *Hurricane-Related Information for Health-Care Professionals* (http://www.bt.cdc.gov/disasters/hurricanes/hcp.asp) includes guidelines for managing acute diarrhea and guidance related to immunizations and vaccine storage. *Worker Safety During Hurricane Cleanup* (http://www.bt.cdc.gov/disasters/hurricanes/workers.asp) includes health recommendations for relief workers and guidance on worker safety during a power outage. *Hurricane Katrina Information for Shelters* (http://www.bt.cdc.gov/disasters/hurricanes/katrina/shelters.asp) includes guidance on infection control for community shelters and key facts regarding infectious diseases.

In addition, a new compilation, Natural Disasters, has been added to the *M Guide Online Knowledge Centers* at the *MMWR* website (http://www.cdc.gov/mmwr). The *M Guide* provides Internet links to previously published *MMWR* reports regarding assessment of health needs and surveillance of morbidity and mortality after hurricanes, floods, and the December 26, 2004 tsunami.

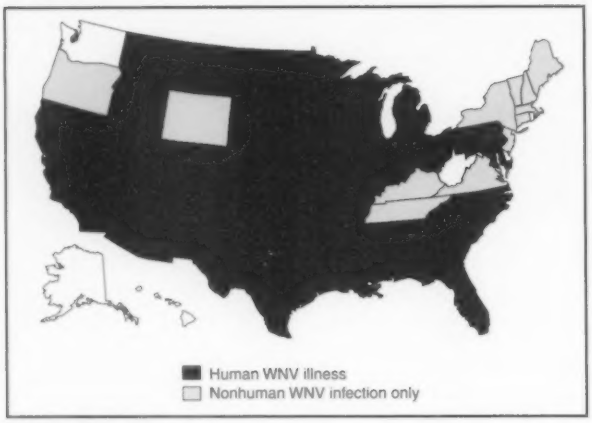
Update: West Nile Virus Activity — United States, 2005

This report summarizes West Nile virus (WNV) surveillance data reported to CDC through ArboNET as of 3 a.m. Mountain Daylight Time, September 6, 2005.

Thirty-two states have reported 821 cases of human WNV illness in 2005 (Figure and Table 1). By comparison, in 2004, a total of 1,191 WNV cases had been reported as of September 7, 2004 (Table 2). A total of 432 (56%) of the 772 cases for which such data were available occurred in males; the median age of patients was 50 years (range: 3 months–92 years). Date of illness onset ranged from January 2 to August 31; a total of 18 cases were fatal.

A total of 163 presumptive West Nile viremic blood donors (PVDs) have been reported to ArboNET during 2005. Of these, 49 were reported from California; 32 from Texas; 22 from Nebraska; 14 from South Dakota; 10 from Louisiana; six from Arizona; five from Illinois; four each from Kansas and Minnesota; three from Iowa; two each from Alabama, Colorado, Mississippi, and New Mexico; and one each from Michigan, Nevada, North Carolina, North Dakota, Pennsylvania, and Utah. Of the 163 PVDs, three persons aged 53, 56, and 71 years subsequently had neuroinvasive illness; three

FIGURE. Areas reporting West Nile virus (WNV) activity — United States, 2005*



* As of September 6, 2005.

TABLE 1. Number of human cases of West Nile virus (WNV) illness reported, by state — United States, 2005*

State	Neuroinvasive disease†	West Nile fever§	Other clinical/ unspecified¶	Total**	Deaths
Alabama	2	1	0	3	0
Arizona	14	10	5	29	0
Arkansas	0	5	0	5	0
California	93	155	20	268	7
Colorado	4	26	0	30	0
Florida	4	7	1	12	0
Georgia	0	1	1	2	0
Idaho	0	1	0	1	0
Illinois	52	30	7	89	1
Indiana	1	0	0	1	0
Iowa	1	1	0	2	0
Kansas	1	2	0	3	0
Louisiana	40	12	0	52	4
Maryland	1	0	0	1	0
Michigan	2	1	1	4	0
Minnesota	7	13	0	20	1
Mississippi	5	5	0	10	1
Missouri	1	3	2	6	1
Montana	1	1	0	2	0
Nebraska	14	23	0	37	0
Nevada	4	7	0	11	0
New Mexico	9	4	0	13	0
North Carolina	1	1	0	2	0
North Dakota	2	14	0	16	0
Ohio	10	2	0	12	0
Oklahoma	1	0	0	1	0
Pennsylvania	5	5	0	10	0
South Carolina	1	0	0	1	1
South Dakota	25	112	1	138	1
Texas	24	3	0	27	1
Utah	7	4	0	11	0
Wisconsin	1	1	0	2	0
Total	**333**	**450**	**38**	**821**	**18**

* As of September 6, 2005.
† Cases with neurologic manifestations (i.e., West Nile meningitis, West Nile encephalitis, and West Nile myelitis).
§ Cases with no evidence of neuroinvasion.
¶ Illnesses for which sufficient clinical information was not provided.
** Total number of human cases of WNV illness reported to ArboNET by state and local health departments.

TABLE 2. Comparison of human cases and deaths from West Nile virus — United States, 2002–2005

Year	Human cases	Deaths
2002*	737	35
2003†	1,856	37
2004§	1,191	30
2005¶	821	18

* Data through September 4, 2002.
† Data through September 3, 2003.
§ Data through September 7, 2004.
¶ Data through September 6, 2005.

persons aged 17, 41, and 51 years subsequently had other illnesses; and 38 persons (median age: 47 years [range: 17–77 years]) subsequently had West Nile fever.

In addition, 2,381 dead corvids and 507 other dead birds with WNV infection have been reported from 38 states. WNV infections have been reported in horses from 28 states, three dogs from Minnesota and Nebraska, four squirrels from Arizona, and two unidentified animal species in two states (Arizona and Illinois). WNV seroconversions have been reported in 549 sentinel chicken flocks from 11 states. One seropositive sentinel horse was reported from Minnesota. A total of 6,833 WNV-positive mosquito pools have been reported from 36 states (Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin).

Additional information about national WNV activity is available from CDC at http://www.cdc.gov/ncidod/dvbid/westnile/index.htm and at http://westnilemaps.usgs.gov.

Notice to Readers

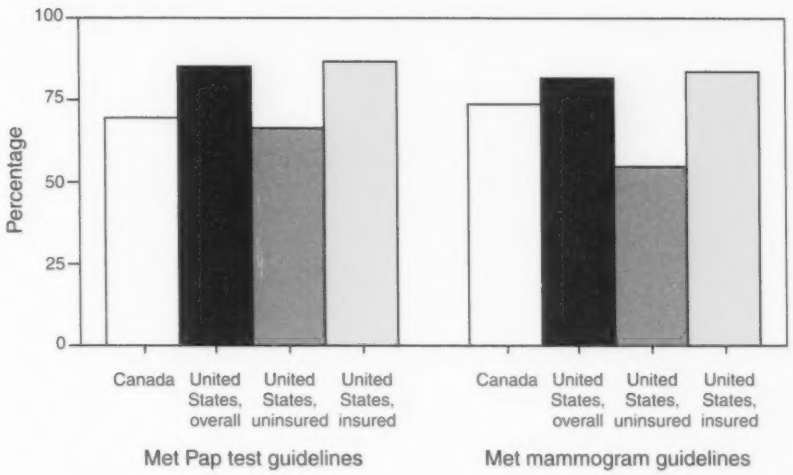
Update on MMWR Table II: AIDS Surveillance Data and Provisional Nationally Notifiable Disease Data

CDC provides provisional AIDS surveillance data for inclusion with National Notifiable Diseases Surveillance System case report data presented in Table II of *MMWR*. The AIDS case report data usually are updated monthly in this table. However, because of implementation of a new electronic information technology system supporting HIV/AIDS surveillance, CDC will not publish updated monthly AIDS data until the data can be converted to a compatible format, estimated to occur by October 2005. If any delay occurs in the monthly updates of provisional monthly case counts, CDC will add a footnote to Table II to explain the reason for the delay.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of U.S. and Canadian Women Aged 50–69 Years Who Were Screened in Accordance with National Screening Guidelines for Papanicolaou (Pap) Tests and Mammograms,* by Country and Health Insurance Status, 2002–2003



* *Pap tests*: Both the American Cancer Society and U.S. National Cancer Institute recommend that all women begin cervical cancer screening approximately 3 years after they begin having vaginal intercourse, or when they are aged 21 years. Screening should be conducted every 1–3 years depending on age and previous Pap test results. The Canadian Cancer Society and National Cancer Institute of Canada recommend that sexually active women be screened every 1–3 years until age 69 years. *Mammograms*: The American Cancer Society recommends that women aged ≥40 years have a mammogram every year; the U.S. National Cancer Institute recommends that women aged ≥40 years have one every 1–2 years. Both the Canadian Cancer Society and the National Cancer Institute of Canada recommend that women aged 50–69 years have a mammogram every 2 years. The analyses presented here are based on women aged ≥50 years and used recommendations from the U.S. National Cancer Institute (for U.S. respondents).

During 2002–2003, the United States and Canada had similar national guidelines for Pap test and mammogram screening for women aged ≥50 years. Approximately 85% of U.S. women aged 50–69 years met the guidelines for Pap tests, compared with 70% of Canadian women in this age group. The rate among Canadian women was comparable to that of uninsured U.S. women. Nearly 82% of U.S. women aged 50–69 years met the U.S. recommendations for mammogram screening, whereas 74% of Canadian women in this age group met the Canadian guidelines. More than half (55%) of uninsured U.S. women aged 50–69 years received mammograms on the recommended schedule.

Source: Powell-Griner E, Blackwell DL, Martinez M. Health profiles of noninstitutionalized senior citizens in the U.S. and Canada: findings from the Joint Canada/United States Survey of Health (JCUSH). Presented at the Population Association of America meetings, Philadelphia, PA; April 2005.

Errata: Vol. 54, Nos. 32–33

In Table III, "Deaths in 122 U.S. cities," for week 32 (ending August 13, 2005) through week 33 (ending August 20, 2005), the total mortality from all causes and mortality caused by pneumonia and influenza for Sacramento, California, were incorrectly reported. The correct mortality data are as follows:

MMWR Week	Date (2005)	All causes, by age (years)						P&I* Total
		All Ages	≥65	45–64	25–44	1–24	<1	
32	August 13	143	94	28	13	6	2	8
33	August 20	236	163	53	12	7	1	18

* Pneumonia and influenza.

The correct mortality totals for the Pacific Region are as follows:

MMWR Week	Date (2005)	All causes, by age (years)						P&I* Total
		All Ages	≥65	45–64	25–44	1–24	<1	
32	August 13	1,608	1,097	321	109	49	32	137
33	August 20	1,251	873	261	57	33	27	92

* Pneumonia and influenza.

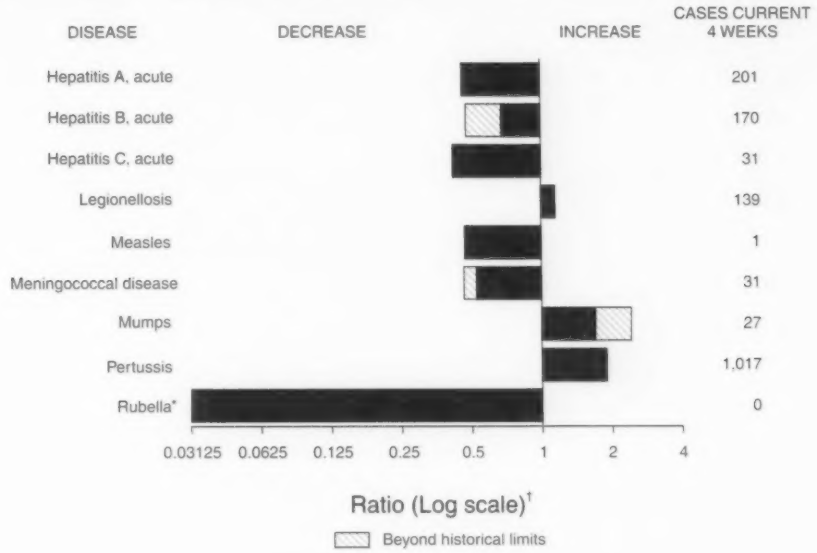
The correct mortality totals for the 122 U.S. cities are as follows:

MMWR Week	Date (2005)	All causes, by age (years)						P&I* Total
		All Ages	≥65	45–64	25–44	1–24	<1	
32	August 13	10,724	6,943	2,416	833	301	223	667
33	August 20	9,750	6,325	2,275	657	272	218	531

* Pneumonia and influenza.

Corrected data also are available at http://www.cdc.gov/mmwr/distrnds.html. Select "Search Mortality Tables" and *MMWR* year 2005 and *MMWR* weeks 32–33.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals September 3, 2005, with historical data



* No rubella cases were reported for the current 4-week period yielding a ratio for week 35 of zero (0).
† Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending September 3, 2005 (35th Week)*

Disease	Cum. 2005	Cum. 2004	Disease	Cum. 2005	Cum. 2004
Anthrax	—	—	Hemolytic uremic syndrome, postdiarrheal†	103	114
Botulism:			HIV infection, pediatric†¶	181	273
foodborne	8	6	Influenza-associated pediatric mortality†**	43	—
infant	55	53	Measles	57††	25§§
other (wound & unspecified)	14	9	Mumps	189	141
Brucellosis	70	62	Plague	3	1
Chancroid	17	18	Poliomyelitis, paralytic	—	—
Cholera	3	4	Psittacosis†	14	8
Cyclosporiasis†	671	180	Q fever†	80	44
Diphtheria	—	—	Rabies, human	1	4
Domestic arboviral diseases			Rubella	8	9
(neuroinvasive & non-neuroinvasive):	—	—	Rubella, congenital syndrome	1	—
California serogroup† §	14	80	SARS†**	—	—
eastern equine† §	7	3	Smallpox†	—	—
Powassan† §	—	1	*Staphylococcus aureus*:		
St. Louis† §	2	10	Vancomycin-intermediate (VISA)†	—	—
western equine† §	—	—	Vancomycin-resistant (VRSA)†	—	1
Ehrlichiosis:	—	—	Streptococcal toxic-shock syndrome†	91	102
human granulocytic (HGE)†	343	266	Tetanus	15	14
human monocytic (HME)†	233	201	Toxic-shock syndrome	68	61
human, other and unspecified †	50	50	Trichinellosis¶¶	13	1
Hansen disease†	53	66	Tularemia†	87	70
Hantavirus pulmonary syndrome†	16	18	Yellow fever	—	—

—: No reported cases.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).
† Not notifiable in all states.
§ Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).
¶ Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention. Last update June 26, 2005.
** Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases.
†† Of 57 cases reported, 46 were indigenous and 11 were imported from another country.
§§ Of 25 cases reported, eight were indigenous and 17 were imported from another country.
¶¶ Formerly Trichinosis.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending September 3, 2005, and September 4, 2004 (35th Week)*

Reporting area	AIDS		Chlamydia†		Coccidioidomycosis		Cryptosporidiosis	
	Cum. 2005§	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	20,405	26,653	598,076	617,570	2,974	3,808	2,979	2,228
NEW ENGLAND	778	865	21,378	20,114	—	—	125	123
Maine	11	20	1,464	1,342	N	N	12	16
N.H.	20	29	1,200	1,129	—	—	16	21
Vt.¶	4	13	657	766	—	—	23	19
Mass.	368	283	9,562	8,903	—	—	46	49
R.I.	68	98	2,202	2,314	—	—	5	4
Conn.	307	422	6,293	5,660	N	N	23	14
MID. ATLANTIC	4,352	5,934	76,155	76,239	—	—	1,257	311
Upstate N.Y.	800	723	15,119	15,205	N	N	1,069	68
N.Y. City	2,327	3,242	23,886	23,726	—	—	45	82
N.J.	574	1,017	12,575	11,981	N	N	12	34
Pa.	651	952	24,575	25,327	N	N	131	127
E.N. CENTRAL	1,938	2,339	92,075	109,300	5	9	503	707
Ohio	312	465	23,507	26,862	N	N	208	160
Ind.	236	264	12,923	12,309	N	N	34	52
Ill.	983	1,106	26,943	32,007	—	—	47	122
Mich.	322	383	16,285	25,515	5	9	57	109
Wis.	85	121	12,417	12,607	N	N	157	264
W.N. CENTRAL	463	578	37,274	37,708	6	5	377	271
Minn.	123	141	6,725	7,887	3	N	74	87
Iowa	50	47	4,671	4,576	N	N	70	55
Mo.	198	254	15,047	13,886	2	3	188	53
N. Dak.	5	15	805	1,217	N	N	—	9
S. Dak.	10	7	1,881	1,650	—	—	16	23
Nebr.¶	18	35	3,720	3,458	1	2	4	23
Kans.	59	79	4,425	5,034	N	N	25	21
S. ATLANTIC	6,473	8,273	117,180	115,153	1	—	331	344
Del.	100	105	2,206	1,911	N	N	—	—
Md.	812	988	12,558	12,774	1	—	23	14
D.C.	467	523	2,503	2,369	—	—	7	13
Va.¶	307	472	13,397	14,847	—	—	22	38
W. Va.	36	55	1,772	1,921	N	N	7	4
N.C.	531	416	22,492	19,215	N	N	39	53
S.C.¶	386	504	14,688	11,981	—	—	9	16
Ga.	1,103	1,161	18,836	21,843	—	—	64	118
Fla.	2,731	4,049	28,728	28,292	N	N	160	88
E.S. CENTRAL	1,093	1,322	42,957	40,410	—	5	71	94
Ky.	135	157	6,387	3,850	N	N	32	29
Tenn.¶	434	533	16,094	15,280	N	N	22	29
Ala.¶	295	305	7,235	9,186	—	—	15	15
Miss.**	229	327	13,241	12,094	—	5	2	21
W.S. CENTRAL	2,206	3,151	69,835	77,141	1	2	59	70
Ark.	72	135	5,424	5,453	—	1	3	13
La.**	436	639	12,572	15,788	1	1	3	2
Okla.	167	130	7,250	7,573	N	N	33	16
Tex.¶	1,531	2,247	44,589	48,327	N	N	20	39
MOUNTAIN	789	933	35,276	37,673	2,038	2,422	83	123
Mont.	4	4	1,318	1,668	N	N	13	33
Idaho¶	9	16	1,655	1,946	N	N	6	16
Wyo.	2	13	744	720	2	2	2	3
Colo.	163	162	9,074	9,342	N	N	26	42
N. Mex.	72	138	3,272	6,009	6	17	3	10
Ariz.	329	356	12,146	11,104	1,995	2,346	10	15
Utah	33	51	2,846	2,486	4	13	15	2
Nev.¶	177	193	4,221	4,398	31	44	8	2
PACIFIC	2,313	3,258	105,946	103,832	923	1,365	173	185
Wash.	229	288	12,502	11,842	N	N	28	14
Oreg.¶	136	216	5,641	5,463	—	—	38	26
Calif.	1,874	2,658	82,491	80,233	923	1,365	106	143
Alaska	14	29	2,603	2,570	—	—	—	—
Hawaii	60	67	2,709	3,724	—	—	1	2
Guam	1	1	—	786	—	—	—	—
P.R.	537	396	2,505	2,503	N	N	N	N
V.I.	10	10	119	255	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	2	U	—	U	—	U	—	U

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.

* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

† Chlamydia refers to genital infections caused by *C. trachomatis*.

§ Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention. Last update June 26, 2005.

¶ Contains data reported through National Electronic Disease Surveillance System (NEDSS).

** Because of Hurricane Katrina, weekly reporting has been disrupted.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 3, 2005, and September 4, 2004 (35th Week)*

Reporting area	*Escherichia coli*, Enterohemorrhagic (EHEC)						Giardiasis		Gonorrhea	
	O157:H7		Shiga toxin positive, serogroup non-O157		Shiga toxin positive, not serogrouped					
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	1,285	1,573	181	179	162	116	10,449	12,176	203,073	216,621
NEW ENGLAND	93	109	35	38	16	9	972	1,126	3,974	4,673
Maine	11	9	6	—	—	—	130	93	92	153
N.H.	11	14	2	5	—	—	38	26	108	83
Vt.	10	11	3	—	—	—	107	109	38	61
Mass.	35	49	6	13	16	9	397	509	1,735	2,100
R.I.	3	6	—	1	—	—	70	68	303	587
Conn.	23	20	18	19	—	—	230	321	1,698	1,689
MID. ATLANTIC	162	181	18	27	25	27	1,965	2,599	21,658	24,587
Upstate N.Y.	68	77	10	12	7	14	698	850	4,310	4,964
N.Y. City	7	33	—	—	—	—	505	736	6,281	7,628
N.J.	26	34	2	5	5	6	234	334	3,783	4,636
Pa.	61	37	6	10	13	7	528	679	7,284	7,359
E.N. CENTRAL	254	301	15	36	8	18	1,696	1,908	37,247	45,449
Ohio	73	62	2	7	3	10	488	529	11,191	13,845
Ind.	36	33	—	—	—	—	N	N	5,175	4,408
Ill.	45	68	1	5	1	6	341	549	11,130	13,808
Mich.	54	55	—	7	4	2	470	440	6,245	10,176
Wis.	46	83	12	17	—	—	397	390	3,506	3,212
W.N. CENTRAL	220	337	25	25	25	20	1,251	1,305	11,975	11,340
Minn.	51	78	7	10	12	4	560	444	1,915	1,973
Iowa	49	93	—	—	—	—	161	194	1,047	809
Mo.	64	55	12	12	6	6	292	371	6,240	5,900
N. Dak.	2	11	—	—	—	6	5	18	49	79
S. Dak.	16	27	3	—	—	—	63	42	252	180
Nebr.	14	50	3	3	4	—	58	91	862	707
Kans.	24	23	—	—	3	4	112	145	1,610	1,692
S. ATLANTIC	119	113	45	20	66	25	1,531	1,907	50,414	51,966
Del.	3	2	N	N	N	N	31	32	549	602
Md.	22	20	18	3	6	3	118	79	4,686	5,457
D.C.	—	1	—	—	—	—	32	48	1,399	1,735
Va.	19	23	16	9	12	—	323	321	4,819	6,006
W. Va.	1	2	—	—	1	—	28	25	475	604
N.C.	—	—	—	—	37	16	N	N	10,572	10,287
S.C.	4	9	—	—	—	—	67	75	6,433	5,822
Ga.	17	15	7	6	—	—	304	596	8,559	9,491
Fla.	53	41	4	2	10	6	628	731	12,922	11,962
E.S. CENTRAL	86	72	1	3	15	13	263	252	16,316	17,587
Ky.	25	18	—	1	12	7	N	N	2,105	1,682
Tenn.	35	31	1	—	3	6	136	138	5,754	5,623
Ala.	21	14	—	—	—	—	127	114	4,245	5,575
Miss.	5	9	—	2	—	—	—	—	4,212	4,707
W.S. CENTRAL	34	62	4	3	3	4	184	203	28,344	29,564
Ark.	6	10	—	—	—	—	53	79	2,748	2,802
La.	3	3	3	1	2	—	27	37	6,950	7,306
Okla.	16	14	—	—	—	—	104	87	2,968	3,203
Tex.	9	35	1	2	1	4	N	N	15,678	16,253
MOUNTAIN	119	154	32	26	4	—	824	991	7,647	7,919
Mont.	12	12	—	—	—	—	40	42	70	56
Idaho	10	32	8	6	2	—	53	114	68	57
Wyo.	4	6	2	1	—	—	16	15	49	40
Colo.	24	41	1	1	1	—	305	352	2,072	2,016
N. Mex.	5	10	4	5	—	—	40	56	628	790
Ariz.	27	14	N	N	N	N	94	128	2,684	2,579
Utah	28	25	17	12	—	—	235	204	439	384
Nev.	9	14	—	1	1	—	41	80	1,637	1,997
PACIFIC	198	244	6	1	—	—	1,763	1,885	25,498	23,536
Wash.	49	83	—	—	—	—	231	216	2,436	1,778
Oreg.	49	48	6	1	—	—	232	296	993	756
Calif.	79	107	—	—	—	—	1,195	1,262	21,212	19,704
Alaska	12	1	—	—	—	—	63	55	363	420
Hawaii	9	5	—	—	—	—	42	56	494	878
Guam	N	N	—	—	—	—	—	2	—	121
P.R.	—	1	—	—	—	—	40	171	238	183
V.I.	—	—	—	—	—	—	—	—	35	74
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U	—	U

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 3, 2005, and September 4, 2004 (35th Week)*

Reporting area	*Haemophilus influenzae*, invasive							
	All ages		Age <5 years					
	All serotypes		Serotype b		Non-serotype b		Unknown serotype	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	1,473	1,388	3	9	80	75	144	133
NEW ENGLAND	116	124	—	1	10	8	5	1
Maine	5	10	—	—	—	—	1	—
N.H.	5	14	—	—	—	2	—	—
Vt.	6	5	—	—	—	—	2	1
Mass.	55	60	—	1	3	3	1	—
R.I.	7	3	—	—	2	—	—	—
Conn.	38	32	—	—	5	3	1	—
MID. ATLANTIC	292	285	—	1	—	4	37	32
Upstate N.Y.	84	98	—	1	—	4	8	5
N.Y. City	53	65	—	—	—	—	10	12
N.J.	55	52	—	—	—	—	9	2
Pa.	100	70	—	—	—	—	10	13
E.N. CENTRAL	213	261	1	—	3	8	14	39
Ohio	91	75	—	—	—	2	9	13
Ind.	52	38	—	—	3	4	—	1
Ill.	35	92	—	—	—	—	3	20
Mich.	14	16	1	—	—	2	1	3
Wis.	21	40	—	—	—	—	1	2
W.N. CENTRAL	84	76	—	2	3	3	10	8
Minn.	33	34	—	1	3	3	1	—
Iowa	1	1	—	1	—	—	—	—
Mo.	35	28	—	—	—	—	7	6
N. Dak.	1	3	—	—	—	—	1	—
S. Dak.	—	—	—	—	—	—	—	—
Nebr.	7	4	—	—	—	—	1	1
Kans.	7	6	—	—	—	—	—	1
S. ATLANTIC	351	317	1	—	21	20	20	22
Del.	—	—	—	—	—	—	—	—
Md.	50	50	—	—	5	5	—	—
D.C.	—	2	—	—	—	—	—	1
Va.	34	30	—	—	—	—	1	3
W. Va.	22	13	—	—	1	3	4	—
N.C.	63	41	1	—	7	5	—	1
S.C.	20	10	—	—	—	—	1	1
Ga.	70	89	—	—	—	—	10	16
Fla.	92	82	—	—	8	7	4	—
E.S. CENTRAL	85	57	—	1	1	—	14	7
Ky.	8	5	—	—	1	—	2	—
Tenn.	59	38	—	—	—	—	8	5
Ala.	18	12	—	1	—	—	4	2
Miss.	—	2	—	—	—	—	—	—
W.S. CENTRAL	83	54	1	1	7	6	6	1
Ark.	4	1	—	—	1	—	—	—
La.	28	10	1	—	2	—	6	1
Okla.	50	42	—	—	4	6	—	—
Tex.	1	1	—	1	—	—	—	—
MOUNTAIN	166	144	—	3	13	17	28	17
Mont.	—	—	—	—	—	—	—	—
Idaho	3	5	—	—	—	—	1	2
Wyo.	4	—	—	—	—	—	1	—
Colo.	34	35	—	—	—	—	9	4
N. Mex.	15	30	—	—	4	5	1	6
Ariz.	84	51	—	—	7	7	8	2
Utah	13	12	—	2	—	2	6	2
Nev.	13	11	—	1	2	3	2	1
PACIFIC	83	70	—	—	22	9	10	6
Wash.	3	1	—	—	—	—	2	1
Oreg.	29	32	—	—	—	—	5	2
Calif.	39	24	—	—	22	9	2	1
Alaska	4	5	—	—	—	—	1	1
Hawaii	8	8	—	—	—	—	—	1
Guam	—	—	—	—	—	—	—	—
P.R.	1	2	—	—	—	—	—	2
V.I.	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 3, 2005, and September 4, 2004 (35th Week)*

Reporting area	Hepatitis (viral, acute), by type					
	A		B		C	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	2,493	3,966	3,624	3,947	556	514
NEW ENGLAND	333	662	188	244	9	12
Maine	1	11	11	1	—	—
N.H.	65	15	13	26	—	—
Vt.	5	8	2	5	9	4
Mass.	216	553	133	126	—	7
R.I.	10	17	1	3	—	—
Conn.	36	58	28	83	U	1
MID. ATLANTIC	422	500	717	515	71	84
Upstate N.Y.	69	56	57	51	12	5
N.Y. City	198	213	68	106	—	—
N.J.	81	114	447	147	—	—
Pa.	74	117	145	211	59	79
E.N. CENTRAL	237	321	311	377	91	72
Ohio	35	36	96	82	3	4
Ind.	36	36	31	31	19	7
Ill.	55	106	71	59	—	13
Mich.	94	105	113	174	69	48
Wis.	17	38	—	31	—	—
W.N. CENTRAL	69	117	202	236	38	15
Minn.	3	28	20	34	5	12
Iowa	15	34	18	14	—	—
Mo.	36	24	123	144	31	3
N. Dak.	—	1	—	4	1	—
S. Dak.	—	3	3	1	—	—
Nebr.	4	10	19	26	1	—
Kans.	11	17	19	13	—	—
S. ATLANTIC	424	734	927	1,234	168	124
Del.	4	5	38	29	82	7
Md.	46	83	105	111	16	3
D.C.	2	5	8	15	—	2
Va.	53	82	99	165	10	12
W. Va.	3	3	27	28	12	18
N.C.	57	69	105	129	9	10
S.C.	23	36	95	97	2	13
Ga.	70	252	109	323	6	12
Fla.	166	199	341	337	31	47
E.S. CENTRAL	182	116	240	342	71	68
Ky.	23	28	48	41	13	23
Tenn.	124	72	90	166	14	22
Ala.	19	6	56	55	9	4
Miss.	16	10	46	80	35	19
W.S. CENTRAL	139	483	280	234	49	70
Ark.	5	58	28	82	—	2
La.	44	35	31	42	9	3
Okla.	4	18	23	48	3	3
Tex.	86	372	198	62	37	62
MOUNTAIN	223	313	369	310	31	33
Mont.	7	5	3	1	1	2
Idaho	15	14	7	9	1	1
Wyo.	—	4	1	7	—	2
Colo.	26	36	33	42	15	8
N. Mex.	16	18	7	14	—	U
Ariz.	135	193	263	157	—	5
Utah	17	30	33	27	7	3
Nev.	7	13	22	53	7	12
PACIFIC	464	720	390	455	28	36
Wash.	29	40	50	38	U	U
Oreg.	33	51	66	78	13	13
Calif.	382	605	263	322	15	22
Alaska	3	4	7	10	—	—
Hawaii	17	20	4	7	—	1
Guam	—	1	—	12	—	9
P.R.	17	30	13	59	—	—
V.I.	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U

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* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 3, 2005, and September 4, 2004 (35th Week)*

Reporting area	Legionellosis		Listeriosis		Lyme disease		Malaria	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	1,110	1,288	447	455	12,848	12,475	757	966
NEW ENGLAND	71	48	35	27	1,366	2,184	47	70
Maine	3	1	1	5	70	29	5	6
N.H.	6	2	4	2	119	153	4	3
Vt.	3	3	1	1	21	35	1	3
Mass.	25	22	10	9	714	1,230	24	43
R.I.	12	5	5	1	25	152	2	2
Conn.	22	15	14	9	417	585	11	13
MID. ATLANTIC	382	340	119	110	8,975	7,788	203	253
Upstate N.Y.	105	63	37	28	2,366	2,443	32	30
N.Y. City	42	49	21	19	—	269	95	127
N.J.	75	52	26	24	3,064	2,089	50	59
Pa.	160	176	35	39	3,545	2,987	26	37
E.N. CENTRAL	183	325	46	85	577	1,037	62	90
Ohio	83	150	20	31	49	37	16	23
Ind.	13	31	2	15	18	17	—	10
Ill.	12	35	1	18	—	77	23	30
Mich.	62	93	17	19	27	14	17	17
Wis.	13	16	6	2	483	892	6	10
W.N. CENTRAL	50	38	22	8	473	271	32	48
Minn.	11	6	5	2	387	204	11	18
Iowa	3	3	7	1	57	33	5	3
Mo.	22	17	4	3	24	23	12	15
N. Dak.	1	2	2	—	—	—	—	3
S. Dak.	10	3	—	—	—	1	—	1
Nebr.	1	2	1	2	—	7	1	2
Kans.	2	5	3	—	5	3	3	6
S. ATLANTIC	243	264	87	71	1,302	1,053	183	225
Del.	12	8	N	N	406	165	3	6
Md.	71	56	14	10	671	624	68	43
D.C.	6	10	—	1	7	6	7	10
Va.	30	31	7	13	113	99	17	32
W. Va.	10	6	3	2	7	16	1	—
N.C.	19	25	17	15	35	84	21	14
S.C.	9	8	4	5	12	16	5	10
Ga.	18	35	16	11	3	12	27	46
Fla.	68	85	26	14	48	31	34	64
E.S. CENTRAL	48	68	20	20	29	35	18	27
Ky.	15	25	3	4	4	13	4	4
Tenn.	22	29	8	10	25	18	10	7
Ala.	9	12	7	4	—	4	4	11
Miss.	2	2	2	2	—	—	—	5
W.S. CENTRAL	24	100	23	30	45	33	49	104
Ark.	4	—	—	3	4	8	4	7
La.	4	7	7	2	4	2	2	4
Okla.	3	3	3	—	—	—	3	7
Tex.	13	90	13	25	37	23	40	86
MOUNTAIN	64	60	8	15	12	15	35	36
Mont.	5	1	—	—	—	—	—	—
Idaho	3	7	—	1	1	5	—	1
Wyo.	3	5	—	—	2	3	1	—
Colo.	16	13	3	6	3	—	18	13
N. Mex.	2	3	3	—	1	—	2	2
Ariz.	17	11	—	—	2	6	6	10
Utah	11	16	—	1	2	1	6	6
Nev.	7	4	2	7	1	—	2	4
PACIFIC	45	45	87	89	69	59	128	113
Wash.	—	8	7	8	3	8	10	11
Oreg.	N	N	6	5	14	21	6	13
Calif.	44	37	74	73	49	28	96	86
Alaska	—	—	—	—	3	2	3	—
Hawaii	1	—	—	3	N	N	13	3
Guam	—	—	—	—	—	—	—	—
P.R.	—	—	—	—	N	N	1	—
V.I.	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 3, 2005, and September 4, 2004 (35th Week)*

Reporting area	Meningococcal disease									
	All serogroups		Serogroup A, C, Y, and W-135		Serogroup B		Other serogroup		Serogroup unknown	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	840	855	61	70	44	35	—	1	735	749
NEW ENGLAND	59	51	1	5	—	6	—	1	58	39
Maine	2	9	—	—	—	1	—	—	2	8
N.H.	9	3	—	—	—	—	—	—	9	3
Vt.	6	2	—	—	—	—	—	—	6	2
Mass.	28	30	—	5	—	5	—	—	28	20
R.I.	2	1	—	—	—	—	—	—	2	1
Conn.	12	6	1	—	—	—	—	1	11	5
MID. ATLANTIC	114	120	30	35	5	5	—	—	79	80
Upstate N.Y.	29	33	4	5	3	3	—	—	22	25
N.Y. City	16	20	—	—	—	—	—	—	16	20
N.J.	30	24	—	—	—	—	—	—	30	24
Pa.	39	43	26	30	2	2	—	—	11	11
E.N. CENTRAL	84	96	17	22	9	6	—	—	58	68
Ohio	29	48	—	3	5	5	—	—	24	40
Ind.	16	15	—	1	4	1	—	—	12	13
Ill.	12	1	—	—	—	—	—	—	12	1
Mich.	17	18	17	18	—	—	—	—	—	—
Wis.	10	14	—	—	—	—	—	—	10	14
W.N. CENTRAL	57	61	2	—	1	4	—	—	54	57
Minn.	9	18	1	—	—	—	—	—	8	18
Iowa	13	13	—	—	1	2	—	—	12	11
Mo.	21	17	1	—	—	1	—	—	20	16
N. Dak.	—	2	—	—	—	—	—	—	—	2
S. Dak.	2	2	—	—	—	1	—	—	2	1
Nebr.	4	4	—	—	—	—	—	—	4	4
Kans.	8	5	—	—	—	—	—	—	8	5
S. ATLANTIC	161	157	4	2	9	2	—	—	148	153
Del.	3	2	—	—	—	—	—	—	3	2
Md.	16	8	2	—	2	—	—	—	12	8
D.C.	—	5	—	2	—	—	—	—	—	3
Va.	21	12	—	—	—	—	—	—	21	12
W. Va.	5	5	1	—	—	—	—	—	4	5
N.C.	27	24	1	—	7	2	—	—	19	22
S.C.	14	13	—	—	—	—	—	—	14	13
Ga.	14	9	—	—	—	—	—	—	14	9
Fla.	61	79	—	—	—	—	—	—	61	79
E.S. CENTRAL	41	41	1	1	3	1	—	—	37	39
Ky.	14	8	—	1	3	1	—	—	11	6
Tenn.	18	13	—	—	—	—	—	—	18	13
Ala.	5	10	1	—	—	—	—	—	4	10
Miss.	4	10	—	—	—	—	—	—	4	10
W.S. CENTRAL	71	49	1	1	5	1	—	—	65	47
Ark.	11	12	—	—	—	—	—	—	11	12
La.	25	27	—	1	2	—	—	—	23	26
Okla.	12	7	1	—	3	1	—	—	8	6
Tex.	23	3	—	—	—	—	—	—	23	3
MOUNTAIN	68	51	4	1	5	5	—	—	59	45
Mont.	—	3	—	—	—	—	—	—	—	3
Idaho	2	6	—	—	—	—	—	—	2	6
Wyo.	—	3	—	—	—	—	—	—	—	3
Colo.	15	12	3	—	—	—	—	—	12	12
N. Mex.	2	6	—	1	—	3	—	—	2	2
Ariz.	35	10	—	—	2	1	—	—	33	9
Utah	9	4	1	—	2	—	—	—	6	4
Nev.	5	7	—	—	1	1	—	—	4	6
PACIFIC	185	229	1	3	7	5	—	—	177	221
Wash.	38	21	1	3	4	5	—	—	33	13
Oreg.	28	43	—	—	—	—	—	—	28	43
Calif.	107	157	—	—	—	—	—	—	107	157
Alaska	1	3	—	—	—	—	—	—	1	3
Hawaii	11	5	—	—	3	—	—	—	8	5
Guam	—	—	—	—	—	—	—	—	—	—
P.R.	4	13	—	—	—	—	—	—	4	13
V.I.	—	—	—	—	—	—	—	—	—	—
Amer. Samoa	1	1	—	—	—	—	—	—	1	1
C.N.M.I.	—	—	—	—	—	—	—	—	—	—

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 3, 2005, and September 4, 2004 (35th Week)*

Reporting area	Pertussis		Rabies, animal		Rocky Mountain spotted fever		Salmonellosis		Shigellosis	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	12,685	11,116	3,474	4,435	1,060	965	24,581	27,030	8,070	8,661
NEW ENGLAND	709	1,171	497	424	3	12	1,443	1,429	196	199
Maine	16	5	39	39	N	N	98	77	8	5
N.H.	41	40	10	18	1	—	113	101	5	6
Vt.	73	57	40	17	—	—	79	39	14	2
Mass.	532	1,010	266	174	1	10	767	837	123	129
R.I.	21	16	13	30	1	1	73	75	12	13
Conn.	26	43	129	146	—	1	313	300	34	44
MID. ATLANTIC	889	1,873	420	644	70	57	3,040	4,045	763	851
Upstate N.Y.	345	1,335	357	344	3	1	790	810	193	342
N.Y. City	57	128	20	11	4	20	661	925	250	265
N.J.	150	130	N	N	23	10	506	774	212	168
Pa.	337	280	43	289	40	26	1,083	1,536	108	76
E.N. CENTRAL	2,413	3,584	138	124	33	29	3,380	3,592	571	758
Ohio	810	378	56	49	26	8	914	871	71	117
Ind.	201	65	19	7	2	5	371	340	102	133
Ill.	473	696	17	36	1	12	960	1,146	127	301
Mich.	154	131	27	28	4	2	586	579	160	78
Wis.	775	2,314	19	4	—	2	549	656	111	129
W.N. CENTRAL	2,009	1,187	324	460	168	96	1,654	1,623	1,002	292
Minn.	868	157	52	58	2	—	378	398	59	40
Iowa	384	95	94	75	2	1	254	332	55	56
Mo.	316	262	60	41	147	79	553	435	692	115
N. Dak.	77	595	17	49	—	—	19	29	2	2
S. Dak.	1	22	43	80	5	4	106	75	25	9
Nebr.	152	11	—	77	4	12	99	103	43	18
Kans.	211	45	58	80	8	—	245	251	126	52
S. ATLANTIC	875	459	1,101	1,594	499	451	6,674	6,942	1,287	2,054
Del.	5	—	—	9	2	4	56	70	8	6
Md.	118	85	198	220	57	45	541	582	58	100
D.C.	7	7	—	—	2	—	36	42	8	30
Va.	237	107	359	341	35	17	615	769	75	102
W. Va.	36	16	30	45	3	4	96	163	—	4
N.C.	64	62	348	433	307	250	923	876	111	220
S.C.	253	82	5	110	32	49	731	679	61	409
Ga.	27	17	151	231	48	68	988	1,258	297	451
Fla.	128	83	10	205	13	14	2,688	2,503	669	732
E.S. CENTRAL	366	213	103	97	186	143	1,690	1,728	905	562
Ky.	101	45	7	18	2	2	288	232	214	52
Tenn.	167	132	36	33	144	80	496	478	449	285
Ala.	64	23	58	37	36	38	494	444	189	183
Miss.	34	13	2	9	4	23	412	574	53	42
W.S. CENTRAL	858	475	614	815	67	155	2,029	2,554	1,750	2,294
Ark.	199	48	26	38	44	79	480	337	45	49
La.	30	13	—	—	5	5	458	590	83	219
Okla.	—	17	61	87	7	70	257	266	481	319
Tex.	629	397	527	690	11	1	834	1,361	1,141	1,707
MOUNTAIN	2,720	910	164	138	26	18	1,473	1,570	445	537
Mont.	491	31	10	19	1	3	61	115	5	4
Idaho	94	24	—	2	1	3	70	118	2	9
Wyo.	29	15	14	2	2	4	60	39	2	3
Colo.	880	453	14	35	5	3	395	392	71	107
N. Mex.	105	121	4	3	—	2	132	189	52	92
Ariz.	739	150	105	71	13	2	448	457	254	268
Utah	354	104	12	3	4	1	231	148	33	26
Nev.	28	12	5	3	—	—	76	112	26	28
PACIFIC	1,846	1,244	113	139	8	4	3,198	3,547	1,151	1,114
Wash.	538	440	U	U	—	—	346	336	66	75
Oreg.	512	314	4	5	1	2	256	309	85	55
Calif.	644	464	108	123	7	2	2,368	2,608	969	942
Alaska	54	11	1	11	—	—	38	41	7	6
Hawaii	98	15	—	—	—	—	190	253	24	36
Guam	—	—	—	—	—	—	—	48	—	39
P.R.	1	2	41	40	N	N	142	279	1	22
V.I.	—	—	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U	—	U

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 3, 2005, and September 4, 2004 (35th Week)*

Reporting area	Streptococcal disease, invasive, group A		*Streptococcus pneumoniae*, invasive disease				Syphilis			
			Drug resistant, all ages		Age <5 years		Primary & secondary		Congenital	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	3,105	3,291	1,597	1,564	601	536	5,145	5,186	161	269
NEW ENGLAND	118	222	81	99	45	75	142	134	—	4
Maine	9	9	N	N	—	4	1	2	—	—
N.H.	12	15	—	—	3	N	10	3	—	3
Vt.	9	8	10	6	4	1	1	—	—	—
Mass.	80	100	58	25	38	41	91	82	—	—
R.I.	8	17	13	14	—	6	8	19	—	1
Conn.	—	73	U	54	U	23	31	28	—	—
MID. ATLANTIC	685	565	154	112	107	79	671	673	19	27
Upstate N.Y.	206	185	59	48	48	54	58	64	4	1
N.Y. City	119	89	U	U	19	U	413	409	5	12
N.J.	148	121	N	N	19	7	93	108	10	13
Pa.	212	170	95	64	21	18	107	92	—	1
E.N. CENTRAL	614	766	428	356	158	127	524	599	24	36
Ohio	150	179	272	249	61	60	147	158	2	2
Ind.	81	78	146	107	42	26	43	42	1	2
Ill.	116	206	10	—	48	1	255	246	8	9
Mich.	238	232	—	N	—	N	56	129	11	23
Wis.	29	71	N	N	7	40	23	24	2	—
W.N. CENTRAL	206	228	35	17	64	72	162	117	1	3
Minn.	77	115	—	—	39	48	45	17	—	1
Iowa	N	N	N	N	—	N	2	5	—	—
Mo.	57	46	29	12	6	10	96	69	1	1
N. Dak.	7	10	1	—	2	2	—	—	—	—
S. Dak.	19	12	3	5	—	—	1	—	—	—
Nebr.	14	15	2	—	6	6	3	6	—	—
Kans.	32	30	N	N	11	6	15	20	—	1
S. ATLANTIC	638	647	630	807	63	37	1,314	1,295	28	45
Del.	1	3	1	4	—	N	8	6	—	1
Md.	142	102	—	—	41	25	227	246	10	6
D.C.	7	7	15	8	2	4	72	41	—	1
Va.	60	59	N	N	—	N	84	69	3	2
W. Va.	21	19	92	88	20	8	3	3	—	—
N.C.	91	85	N	N	U	U	186	122	8	8
S.C.	24	49	—	78	—	N	41	87	2	10
Ga.	121	158	108	195	—	N	214	231	—	3
Fla.	171	165	414	434	—	N	479	490	5	14
E.S. CENTRAL	128	171	125	107	7	11	278	282	16	19
Ky.	27	51	24	22	N	N	30	30	—	1
Tenn.	101	120	101	83	—	N	135	88	12	7
Ala.	—	—	—	—	—	N	88	125	3	9
Miss.	—	—	—	2	7	11	25	39	1	2
W.S. CENTRAL	193	259	94	45	112	106	801	802	44	54
Ark.	14	16	12	6	13	7	33	37	—	3
La.	6	2	82	39	22	23	176	193	6	3
Okla.	86	49	N	N	18	30	26	19	1	2
Tex.	87	192	N	N	59	46	566	553	37	46
MOUNTAIN	452	360	50	20	37	29	264	270	15	32
Mont.	—	—	—	—	—	—	5	1	—	—
Idaho	1	8	N	N	—	N	20	15	1	2
Wyo.	3	7	21	8	—	—	—	1	—	—
Colo.	171	72	N	N	36	29	29	48	—	—
N. Mex.	34	77	—	N	—	—	34	64	2	2
Ariz.	182	164	N	N	—	N	98	115	12	27
Utah	60	30	28	10	1	—	5	7	—	1
Nev.	1	2	1	2	—	—	73	19	—	—
PACIFIC	71	73	—	1	8	—	989	1,014	14	49
Wash.	N	N	N	N	N	N	96	78	—	—
Oreg.	N	N	N	N	6	N	19	22	—	—
Calif.	—	—	N	N	N	N	865	909	14	49
Alaska	—	—	—	—	—	N	5	—	—	—
Hawaii	71	73	—	1	2	—	4	5	—	—
Guam	—	—	—	—	—	—	—	1	—	—
P.R.	N	N	N	N	—	N	128	95	8	3
V.I.	—	—	—	—	—	—	—	4	—	—
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U	—	U

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* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 3, 2005, and September 4, 2004 (35th Week)*

Reporting area	Tuberculosis		Typhoid fever		Varicella (chickenpox)		West Nile virus disease†		
							Neuroinvasive		Non-neuroinvasive§
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005
UNITED STATES	6,980	8,748	151	217	16,165	19,451	333	916	451
NEW ENGLAND	220	286	16	17	985	2,042	—	—	—
Maine	10	13	1	—	210	180	—	—	—
N.H.	4	10	—	—	201	—	—	—	—
Vt.	4	2	—	—	36	413	—	—	—
Mass.	134	162	9	14	538	163	—	—	—
R.I.	18	39	1	1	—	—	—	—	—
Conn.	50	60	5	2	U	1,286	—	—	—
MID. ATLANTIC	1,312	1,364	32	53	3,137	72	5	9	5
Upstate N.Y.	168	188	5	6	—	—	—	1	—
N.Y. City	636	689	10	20	—	—	—	2	—
N.J.	313	289	9	16	—	—	—	1	—
Pa.	195	198	8	11	3,137	72	5	5	5
E.N. CENTRAL	841	782	12	26	4,483	8,414	66	47	34
Ohio	162	139	1	5	998	1,047	10	7	2
Ind.	88	85	—	—	482	N	1	4	—
Ill.	399	343	3	11	60	4,311	52	20	30
Mich.	135	154	4	8	2,647	2,556	2	12	1
Wis.	57	61	4	2	296	500	1	4	1
W.N. CENTRAL	292	306	3	7	294	135	51	63	169
Minn.	128	114	2	3	—	—	7	10	13
Iowa	26	26	—	—	N	N	1	9	1
Mo.	66	82	1	2	204	5	1	22	3
N. Dak.	2	3	—	—	12	75	2	2	14
S. Dak.	9	8	—	—	78	55	25	5	112
Nebr.	22	23	—	2	—	—	14	3	23
Kans.	39	50	—	—	—	—	1	12	3
S. ATLANTIC	1,564	1,809	25	30	1,387	1,719	7	50	9
Del.	7	17	—	—	21	4	—	—	—
Md.	184	183	8	10	—	—	1	6	—
D.C.	33	62	—	—	23	20	—	1	—
Va.	206	147	5	5	284	411	—	3	—
W. Va.	17	14	—	—	707	964	—	—	N
N.C.	164	207	2	3	—	N	1	2	1
S.C.	143	127	—	—	352	320	1	—	—
Ga.	246	401	2	4	—	—	—	10	1
Fla.	564	651	8	8	—	—	4	28	7
E.S. CENTRAL	358	433	5	6	—	32	7	48	6
Ky.	72	72	2	2	N	N	—	1	—
Tenn.	161	146	—	4	—	—	—	7	—
Ala.	125	134	1	—	—	32	2	15	1
Miss.	—	81	2	—	—	—	5	25	5
W.S. CENTRAL	775	1,346	9	20	4,126	5,426	65	161	20
Ark.	70	83	—	—	—	—	—	11	5
La.	—	—	—	—	107	48	40	55	12
Okla.	91	107	—	1	—	—	1	10	—
Tex.	614	1,156	9	19	4,019	5,378	24	85	3
MOUNTAIN	247	350	7	6	1,753	1,611	39	292	53
Mont.	8	4	—	—	—	—	1	1	1
Idaho	—	3	—	—	—	—	—	1	1
Wyo.	—	2	—	—	43	26	—	2	—
Colo.	46	83	2	1	1,235	1,277	4	39	26
N. Mex.	13	20	—	—	121	U	9	24	4
Ariz.	149	145	3	2	—	—	14	200	10
Utah	20	28	1	1	354	308	7	4	4
Nev.	11	65	1	2	—	—	4	21	7
PACIFIC	1,371	2,072	42	52	—	—	93	246	155
Wash.	166	145	4	4	N	N	—	—	—
Oreg.	54	67	2	1	—	—	—	—	—
Calif.	1,056	1,751	29	41	—	—	93	246	155
Alaska	18	26	—	—	—	—	—	—	—
Hawaii	77	83	7	6	—	—	—	—	—
Guam	—	41	—	—	—	107	—	—	—
P.R.	—	74	—	—	126	288	—	—	—
V.I.	—	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U	—
C.N.M.I.	—	U	—	U	—	U	—	U	—

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.

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† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).

§ Not previously notifiable.

TABLE III. Deaths in 122 U.S. cities,* week ending September 3, 2005 (35th Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45–64	25–44	1–24	<1	
NEW ENGLAND	410	280	86	28	7	9	36
Boston, Mass.	125	78	29	9	3	6	15
Bridgeport, Conn.	U	U	U	U	U	U	U
Cambridge, Mass.	13	8	4	1	—	—	2
Fall River, Mass.	19	14	3	—	2	—	3
Hartford, Conn.	52	28	15	8	—	1	6
Lowell, Mass.	16	8	5	3	—	—	—
Lynn, Mass.	12	8	3	1	—	—	2
New Bedford, Mass.	21	17	3	—	1	—	—
New Haven, Conn.	U	U	U	U	U	U	U
Providence, R.I.	57	44	9	2	1	1	4
Somerville, Mass.	5	4	1	—	—	—	—
Springfield, Mass.	27	20	6	1	—	—	2
Waterbury, Conn.	22	19	1	2	—	—	—
Worcester, Mass.	41	32	7	1	—	1	2
MID. ATLANTIC	1,718	1,126	378	133	54	27	117
Albany, N.Y.	52	35	12	1	1	3	2
Allentown, Pa.	14	10	2	1	1	—	1
Buffalo, N.Y.	59	42	7	6	3	1	7
Camden, N.J.	22	13	5	2	2	—	2
Elizabeth, N.J.	20	14	4	1	1	—	2
Erie, Pa.	34	27	6	1	—	—	5
Jersey City, N.J.	17	11	3	3	—	—	—
New York City, N.Y.	978	640	217	71	33	17	50
Newark, N.J.	51	21	20	9	1	—	2
Paterson, N.J.	U	U	U	U	U	U	U
Philadelphia, Pa.	127	67	37	16	4	3	7
Pittsburgh, Pa.§	20	11	6	1	1	1	2
Reading, Pa.	26	21	3	1	1	—	1
Rochester, N.Y.	108	79	21	2	4	2	12
Schenectady, N.Y.	21	14	4	3	—	—	1
Scranton, Pa.	26	19	7	—	—	—	6
Syracuse, N.Y.	105	71	21	12	1	—	16
Trenton, N.J.	U	U	U	U	U	U	U
Utica, N.Y.	17	14	2	1	—	—	—
Yonkers, N.Y.	21	17	1	2	1	—	1
E.N. CENTRAL	1,828	1,206	408	123	39	51	114
Akron, Ohio	55	39	10	3	2	1	1
Canton, Ohio	33	23	8	2	—	—	3
Chicago, Ill.	323	189	87	37	6	3	29
Cincinnati, Ohio	36	26	6	2	—	2	—
Cleveland, Ohio	204	144	45	7	3	5	12
Columbus, Ohio	197	126	50	13	2	6	9
Dayton, Ohio	105	73	23	7	1	1	8
Detroit, Mich.	149	70	43	19	8	9	5
Evansville, Ind.	39	31	6	1	1	—	3
Fort Wayne, Ind.	49	26	13	4	4	2	2
Gary, Ind.	19	10	6	1	—	2	—
Grand Rapids, Mich.	48	35	8	1	3	1	5
Indianapolis, Ind.	170	106	34	13	4	13	15
Lansing, Mich.	43	37	5	1	—	—	—
Milwaukee, Wis.	96	73	14	5	3	1	6
Peoria, Ill.	31	24	6	1	—	—	1
Rockford, Ill.	46	33	9	1	—	3	5
South Bend, Ind.	34	23	8	1	—	2	3
Toledo, Ohio	92	71	18	3	—	—	4
Youngstown, Ohio	59	47	9	1	2	—	3
W.N. CENTRAL	641	411	151	43	21	14	35
Des Moines, Iowa	110	74	24	9	1	2	7
Duluth, Minn.	24	21	1	1	1	—	2
Kansas City, Kans.	22	15	3	3	1	—	3
Kansas City, Mo.	97	59	24	7	4	3	6
Lincoln, Nebr.	40	29	8	2	—	1	3
Minneapolis, Minn.	59	35	19	—	3	2	5
Omaha, Nebr.	87	56	21	3	5	2	4
St. Louis, Mo.	84	47	28	5	2	1	3
St. Paul, Minn.	43	28	9	4	1	1	2
Wichita, Kans.	75	47	14	9	3	2	—
S. ATLANTIC	1,055	625	288	85	36	21	55
Atlanta, Ga.	122	67	42	9	4	—	3
Baltimore, Md.	159	95	41	13	4	6	17
Charlotte, N.C.	77	39	24	8	4	2	3
Jacksonville, Fla.	140	92	36	4	6	2	9
Miami, Fla.	61	38	15	7	—	1	5
Norfolk, Va.	54	26	16	6	4	2	—
Richmond, Va.	58	30	18	6	4	—	2
Savannah, Ga.	57	36	12	6	2	1	5
St. Petersburg, Fla.	55	40	10	2	2	1	2
Tampa, Fla.	161	105	39	12	2	3	8
Washington, D.C.	101	51	32	11	4	3	1
Wilmington, Del.	10	6	3	1	—	—	—
E.S. CENTRAL	793	498	205	54	21	15	43
Birmingham, Ala.	221	137	57	13	9	5	21
Chattanooga, Tenn.	58	29	22	5	—	2	5
Knoxville, Tenn.	119	76	30	10	1	2	—
Lexington, Ky.	44	29	8	5	2	—	3
Memphis, Tenn.	155	93	40	13	4	5	3
Mobile, Ala.	51	39	6	2	3	1	3
Montgomery, Ala.	33	25	7	1	—	—	2
Nashville, Tenn.	112	70	35	5	2	—	6
W.S. CENTRAL	1,347	819	337	107	39	45	76
Austin, Tex.	84	50	18	12	2	2	2
Baton Rouge, La.¶	U	U	U	U	U	U	U
Corpus Christi, Tex.	73	52	15	2	2	2	2
Dallas, Tex.	168	90	44	21	8	5	9
El Paso, Tex.	84	55	22	3	3	1	6
Ft. Worth, Tex.	127	71	29	15	4	8	8
Houston, Tex.	393	222	114	27	10	20	23
Little Rock, Ark.	73	42	18	7	4	2	3
New Orleans, La.¶	U	U	U	U	U	U	U
San Antonio, Tex.	208	149	41	11	2	5	16
Shreveport, La.	14	9	4	1	—	—	3
Tulsa, Okla.	123	79	32	8	4	—	4
MOUNTAIN	900	559	211	71	32	24	62
Albuquerque, N.M.	134	81	37	10	6	—	7
Boise, Idaho	51	34	12	2	2	1	5
Colo. Springs, Colo.	62	40	15	4	1	2	3
Denver, Colo.	99	55	25	13	2	4	5
Las Vegas, Nev.	245	153	59	17	7	9	19
Ogden, Utah	28	21	6	1	—	—	4
Phoenix, Ariz.	152	86	31	19	9	4	8
Pueblo, Colo.	26	20	6	—	—	—	1
Salt Lake City, Utah	103	69	20	5	5	4	10
Tucson, Ariz.	U	U	U	U	U	U	U
PACIFIC	1,195	797	275	64	35	24	96
Berkeley, Calif.	12	7	4	1	—	—	1
Fresno, Calif.	99	73	18	7	—	1	7
Glendale, Calif.	U	U	U	U	U	U	U
Honolulu, Hawaii	86	61	16	3	3	3	5
Long Beach, Calif.	71	44	23	2	—	2	9
Los Angeles, Calif.	U	U	U	U	U	U	U
Pasadena, Calif.	33	24	6	—	3	—	4
Portland, Oreg.	143	86	40	11	2	4	7
Sacramento, Calif.	U	U	U	U	U	U	U
San Diego, Calif.	140	89	33	9	6	3	9
San Francisco, Calif.	129	84	32	8	2	3	18
San Jose, Calif.	175	127	25	10	8	5	22
Santa Cruz, Calif.	31	22	6	3	—	—	3
Seattle, Wash.	97	61	25	4	5	2	4
Spokane, Wash.	62	42	15	2	2	1	3
Tacoma, Wash.	117	77	32	4	4	—	4
TOTAL	9,887**	6,321	2,339	708	284	230	634

U: Unavailable. —: No reported cases.

* Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of ≥100,000. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

† Pneumonia and influenza.

§ Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

¶ Because of Hurricane Katrina, weekly reporting of deaths has been temporarily disrupted.

** Total includes unknown ages.

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